APPLICATION FOR

Early Childhood Special Education
Added Authorization

UNIVERSITY MISSION STATEMENT

Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.

1530 Concordia West, Irvine, CA 92612-3203
Phone/Fax: (949) 214-3338
E-mail: Education@cui.edu
WWW.CUI.EDU
Please send application form and requested items to:
Attn: School of Education
Credential Program
Concordia University
1530 Concordia West
Irvine, CA 92612-3203

To complete your admission file we will need:
1. Completed Application (may be submitted before supporting documents)
2. $50 non-refundable application fee
3. Two official college transcripts showing BA degree posted
4. Statement of Intent (form available at www.cui.edu/credential)
5. Two completed Recommendation Forms (form available at www.cui.edu/credential)
6. Copy of current CA Credential

Please PRINT or type

Applicant’s name __________________________________________________________

Last          First          Middle          Maiden

Social Security No. _______ – _______ – _______ Semester you plan to enroll at Concordia: Summer _______ Fall _______ Spring _______

PRESENT MAILING ADDRESS

Street ______________________ City __________________ State _______ Zip _______

PERMANENT HOME ADDRESS If different from above, specify dates mail should go to this address: _______ / _______ to _______ / _______

Street ______________________ City __________________ State _______ Zip _______

Home phone: (_______) _______ - _______ Facebook Email: ______________________________________________________

Cell phone: (_______) _______ - _______ Twitter Username: ______________________________________________________

E-mail address: __________________________________________________________

Please list the best email address for electronic communication between you and the university.

PERSONAL BACKGROUND

Date of birth _______ / _______ / _______

Month Day Year

Sex: □ Male □ Female Citizenship: □ USA □ Permanent resident □ Other country __________________________ (Please request an International Student Application.)

Have you been found guilty, been adjudicated guilty, or otherwise been convicted of a crime in any court? (excluding minor traffic violations)

□ Yes □ No

If you answered yes to either question above, please attach a full description including date(s) and disposition of case.

RACE/ETHNICITY

Do you consider yourself to be Hispanic/Latino? □ Yes □ No

In addition, please select one or more of the following racial categories to describe yourself:

□ American Indian or Alaskan Native

□ Asian Indian

□ Black or African American

□ Native Hawaiian or Pacific Islander

□ Filipino

□ Vietnamese

□ Japanese

□ Korean

□ Chinese

□ Other Asian

□ Mexican

□ Cuban

□ Puerto Rican

□ South or Central American

□ Other Hispanic or Latino

Early Childhood Special Education Added Authorization
Will you be applying for financial aid?  

Yes  ☐  No  ☐

**RELIGIOUS AFFILIATION**

☐ Lutheran Church – Missouri Synod  ☐ Baptist  ☐ Evangelical Lutheran Church of America  ☐ Catholic

☐ Non-Denominational Christian  ☐ Methodist  ☐ Presbyterian  ☐ None  ☐ Other ________________

Congregation name ______________________________________________________  
Pastor’s name ______________________________________________________

Congregation address ____________________________________________________

City __________________________ State ________ Zip ___________ Phone (  ) ________________

**PREVIOUS EDUCATION**

1. College/University Name _____________________________________________  
City __________________________ State ________

Dates attended __________________________________________________________

Units completed at the time of application ________________________________

Degree and Date Received ______________________________________________

Cumulative GPA (based on a 4.0 scale) ________________________________

2. College/University Name _____________________________________________  
City __________________________ State ________

Dates attended __________________________________________________________

Units completed at the time of application ________________________________

Degree and Date Received ______________________________________________

Cumulative GPA (based on a 4.0 scale) ________________________________

3. College/University Name _____________________________________________  
City __________________________ State ________

Dates attended __________________________________________________________

Units completed at the time of application ________________________________

Degree and Date Received ______________________________________________

Cumulative GPA (based on a 4.0 scale) ________________________________

4. College/University Name _____________________________________________  
City __________________________ State ________

Dates attended __________________________________________________________

Units completed at the time of application ________________________________

Degree and Date Received ______________________________________________

Cumulative GPA (based on a 4.0 scale) ________________________________

5. College/University Name _____________________________________________  
City __________________________ State ________

Dates attended __________________________________________________________

Units completed at the time of application ________________________________

Degree and Date Received ______________________________________________

Cumulative GPA (based on a 4.0 scale) ________________________________

(List additional schools attended on a separate sheet.)

**TESTING**

CBEST

Pass: ☐ Yes  ☐ No  
If yes, date of passage: ________________________________________________

CSET

Pass: ☐ Yes  ☐ No  
If yes, date of passage: ________________________________________________
**NONDISCRIMINATION POLICY**

Concordia University does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President of Administration at Concordia University, 1530 Concordia West, Irvine, CA 92612-3203

**CERTIFICATION**

I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University catalog. I acknowledge that all official transcripts which I forward to Concordia University become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the graduate program.

**Applicant’s signature**

**Date**