COLLEGE OF EDUCATION AND SOCIAL SERVICES
SPECIAL EDUCATION MINOR
The University of Vermont

Student ID#: ____________________________ Current GPA: ________________

Name: ________________________________ Phone #: ______________________

Campus E-mail: ________________________ Class Year: ______________________

Major: ________________________________ Recommending Prof.: ____________

EDSP 005 Semester taken/grade: ______________________________________

STATEMENT OF PURPOSE AND CAREER GOAL(S)
Write below or attach:

__________________________________
Signature

__________________________________
Date

Return to Student Services office in 528 Waterman.

Minor applicants are reviewed and accepted on a space-available basis once per year in the Spring, for acceptance the following Fall semester.