

Technology Enhanced Learning (TEL) Certificate Application

The College of Education
& Human Development

UNIVERSITY OF MINNESOTA

STUDENT & PROFESSIONAL SERVICES ■ 110 WULLING HALL, 86 PLEASANT ST. SE, MINNEAPOLIS, MN 55455 ■ 612-625-6501, FAX: 612-626-1580

Application instructions

Applicants to the certificate program in technology enhanced learning (TEL) must submit the following application materials:

- Completed application form
- Unofficial transcript of current University of Minnesota coursework or transcript showing completed bachelor's degree from an accredited college or university
- One-page goal statement

Send application materials to the following address:

Certificate Admissions
Student & Professional Services (SPS)
110 Wulling Hall
86 Pleasant Street S.E.
Minneapolis, MN 55455
Fax: 612-626-1580

1. Technology Enhanced Learning (TEL) certificate to which you are applying:			
<input type="checkbox"/> K-12 technology integration	<input type="checkbox"/> Multimedia design and development	<input type="checkbox"/> Online distance learning	
Desired term of admission	Fall 20____	Spring 20____	Summer 20____
2. Name		3. Former name * (see instructions below)	
_____	_____	_____	
Last	First	Middle	
4. Current address			

Street			

City	State	ZIP code	
5. Home phone ()		6. Work phone ()	
7. Preferred e-mail address (if applicable)			
8. Permanent address			

Street			

City	State	ZIP code	
9. State in which you claim legal residency		How long: ____ Years ____ Months	
10. University of Minnesota Student I.D. Number (if applicable) or Social Security number			
11. Country of birth			
12. Country of citizenship <input type="checkbox"/> United States <input type="checkbox"/> Other (must specify)			
13. Postsecondary education			
_____	_____	_____	_____
Institution	Major	Degree earned	Date of graduation
_____	_____	_____	_____
Institution	Major	Degree earned	Date of graduation
_____	_____	_____	_____
Institution	Major	Degree earned	Date of graduation
_____	_____	_____	_____
Institution	Major	Degree earned	Date of graduation

* Students who have previously applied to any of the University of Minnesota system schools (Twin Cities, Crookston, Duluth, Morris, or Waseca) under a different name must submit a completed University of Minnesota Student Name Change Request form to the appropriate office. The form is available at the Office of the Registrar, 612-624-1111; or on the Web: <http://www.onestop.umn.edu/onestop/forms.html>.

Application continues on reverse

14. Current University of Minnesota status (if applicable)

College

Major area of study

Faculty adviser

Anticipated degree (B.S., B.A., M.Ed., M.A., Ph.D., etc.)

Anticipated graduation date

15. What is your current involvement with technology?

16. What is your anticipated or desired career interest related to technology?

Student certification

I certify that the information I have provided on this application and all other admission application materials is complete, accurate, and true to the best of my knowledge. I understand that it is my responsibility to request that all official transcripts from all previously attended colleges and universities be sent to Student & Professional Services (SPS). I understand that changes in program status may impact admission consideration. I understand that misrepresentation of application information is sufficient grounds for canceling admission or registration.

Applicant's signature

Date

The University of Minnesota is an equal opportunity educator and employer.

The College of Education & Human Development is committed to recruiting, enrolling, and educating a diverse population of students who represent the overall composition of our society.

Alternative formats of the publication are available upon request. Please contact Student & Professional Services (SPS) at 612-625-6501.

Printed on recycled paper containing at least 10 percent post-consumer waste.