

**SOUTHERN ILLINOIS UNIVERSITY
AT CARBONDALE**

COLLEGE OF EDUCATION

DOCTORAL APPLICATION FORM

Program for the Doctor of Philosophy Degree in Education
Within the Department of Educational Psychology

NOTE: This form should be returned to the Graduate Secretary, 625 Wham Drive,
Educational Psychology & Special Education Department, SIUC, Carbondale, IL 62901-4618

Date of Application _____

Name _____
Last First Middle

Present Address _____

Phone Number _____ Work Number _____

Permanent (Home) Address _____

E-Mail Address _____

The doctorate within the Educational Psychology and Special Education Department has three specializations.
Check the **ONE** you intend as your emphasis.

_____ Counselor Education

_____ Educational Measurement and Statistics

_____ Special Education

I. SCHOLASTIC RECORD

SCHOOLS ATTENDED	NAME/LOCATION	DATES ATTENDED	DEGREE
COLLEGE(S)			
GRADUATE SCHOOL(S)			

Master's Degree(s) _____
Date
School
Major

If your work for the Master's degree was done in the College of Education at this University, please indicate the month and year in which you took the Master's examination. _____

Other evidence of scholastic achievement, e.g., scholarships, fellowships, membership in honorary and professional societies or fraternities. Use back of page if required.

I.A. PREREQUISITE COURSES

Prior course work in research methods, human development, human learning and individual differences/special populations is required for admission to the Educational Psychology doctoral program .

Research methods courses may include topics such as developing inquiry skills, designing ways of collecting information, analysis of information and drawing appropriate conclusions.

Human development courses may include topics such as cognitive, cultural or social theories and characteristics of persons across their life time.

Human learning courses may include theories or processes of how people learn.

Individual differences / special populations courses may include a consideration of atypical persons and how educators may account for their differences and work with them. This cognate area is contrasted with the human development and learning areas that focus on typical or normative individuals.

Please identify courses on your transcript(s) in these topic areas.

TOPIC	INSTITUTION	COURSE NUMBER AND NAME	SEMESTER AND YEAR TAKEN
RESEARCH METHODS			
HUMAN DEVELOPMENT			
HUMAN LEARNING			
INDIVIDUAL DIFFERENCES/ SPECIAL POPULATIONS			

II. RESEARCH AND PUBLICATIONS

A. Master's Level Research

1. Title of thesis or seminar report _____

2. Name of Professor by whom directed _____

B. Publications (Append supplementary name if more space is needed.)

1. Title _____

 Reference _____
 Brief Description _____

2. Title _____

 Reference _____
 Brief Description _____

III. PROFESSIONAL EXPERIENCE IN TEACHING, COUNSELING, ADMINISTRATION AND OTHER WORK IN SCHOOLS, COLLEGES, MILITARY SERVICE AND PUBLIC AGENCIES

A. Teaching Experience

KIND OF SCHOOL I.E., ELEMENTARY, HIGH SCHOOL, ETC.	NAME OF SCHOOL	GRADES OR SUBJECTS TAUGHT	NUMBER OF YEARS

IF MORE SPACE IS NEEDED, ADD A SUPPLEMENTARY PAGE.

B. Non-Teaching Experience

AGENCY OR INSTITUTION	LOCATION	TYPE OF SERVICE	NUMBER OF YEARS

IF MORE SPACE IS NEEDED, ADD A SUPPLEMENTARY PAGE.

IV. ATTITUDE, PURPOSE AND AMBITION

Why are you interested in Educational Psychology as a field of specialization? _____

What are your plans after completing your education?

A. Teaching? _____

B. Research? _____

C. Technical or professional? _____

Of what special facilities at Southern Illinois University do you plan to take advantage? _____

What do you consider to be the chief weakness in your training and background? _____

V. REFERENCES AND ADDITIONAL COMMENTS

Names and complete addresses of **3** references we could contact who would be able to provide information about your promise in completing the work for the degree.

1. Name _____ Position _____

Mailing Address _____

2. Name _____ Position _____

Mailing Address _____

3. Name _____ Position _____

Mailing Address _____

4. Name _____ Position _____

Mailing Address _____

5. Name _____ Position _____

Mailing Address _____

EDUCATIONAL PSYCHOLOGY GRADUATE PROGRAMS SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE

Instructions to the applicant: Please complete the top section of each form *before* giving to a person acquainted with your education and abilities.

Applicant's Name _____

Address _____ E-Mail _____

City, State, ZIP _____

Major field of study as it appears on your application for admission:

COUNSELOR
EDUCATION

M.S. _____

Ph.D. _____

EDUCATIONAL MEASUREMENT
AND STATISTICS

Ph.D. _____

SPECIAL
EDUCATION

M.S. _____

Ph.D. _____

(Optional) I hereby waive my rights of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974.

Signature _____ Date _____

Please rate the applicant as follows:

CHARACTERISTICS	Below Average	Average	Above Average	Outstanding	Insufficient knowledge for a fair rating
1. Ability to pursue graduate study					
2. Ability to conduct independent research					
3. Capacity for clear oral expression					
4. Capacity for clear written expression					
5. Intellectual curiosity					
6. Initiative, industry					
7. Dependability					
8. Maturity					

When did you know the applicant? _____

In what way did you know the applicant (teacher, advisor, member of thesis committee, thesis director)? If teacher, list the course(s). If thesis director or a member of the thesis committee, comment on the contribution of the research to the field (publishable, etc.).

What is your evaluation of the applicant's past academic achievement, present motivation and future potential in the chosen field of graduate study and professional work? Please provide relevant information in evaluating the applicant for admission to graduate studies and for financial support of those studies.

Among approximately (#) _____ students I have known in comparable fields, I would rank this student in the upper _____ percent.

The comparison group is (e.g., undergraduates at your institution) _____

Name _____ Position _____
(Please print or type name)

Signature _____ Date _____

Department _____ Institution _____

City _____ State _____ ZIP _____

PLEASE RETURN THIS RECOMMENDATION TO:

**Graduate Secretary
Department of Educational Psychology & Special Education
625 Wham Drive - Mail Code 4618
Southern Illinois University
Carbondale, IL 62901-4618**

(Revised: June, 2006)