

ENDICOTT COLLEGE
JENMARC-PRISM
CONSULTANTS IN EDUCATION
P. O. BOX 663, Brockton, MA 02303

Phone: 508.586.3574

FAX: 508.586.6448

PRE-APPLICATION FORM
FOR
M ED IN SPECIAL NEEDS

NAME _____

Last

First

Middle/Other

SOCIAL SECURITY NUMBER: _____ -- _____ -- _____

ADDRESS _____

Number

Street

Apt/Unit

City/Town

State

Zip Code

PHONES: Home: _____ Cell _____

E-MAIL ADDRESS _____

MASSACHUSETTS EDUCATOR LICENSE INFORMATION: Check one:

- I am NOT applying for any license.
 I am applying for Initial License in Moderate Disabilities PK-8
 I am applying for Initial License in Moderate Disabilities 5-12

Program Permission Disclaimer:

I understand that the M ED Degree program is under all regulations set by **Endicott College**. I further understand that all application materials must be sent directly to Jon L. Jenmarc, Incorporated, P. O. BOX 663, Brockton, MA 02303-0663, ATT: M ED in Special Needs Program Director.

I grant permission to the Jenmarc designee of **Endicott College** to compile all my records and official transcripts and to forward my completed application folder to the Admissions office at **Endicott College**.

Applicant's Signature

Date