

DECLARATION OF GRADUATE PROGRAM FORM

WASHBURN UNIVERSITY

Name _____ Student I.D.# _____
Last First MI Any other name on record

Phone # _____ e-mail _____

1. Your **Start Date** at Washburn (semester/year) _____

2. **M.Ed. Degree** [] or **Licensure Only** []

3. **Programs**
BL [] RDG [] ASE K-6 [] C&I []
DL [] ASE 6-12 [] Literacy []
Technology []
Other []

| | | | | | |
|----------------------------|---------------|----------------------------|---------------|------------------------------------|---------------|
| _____ Student Signature | _____ Date | _____ Advisor Signature | _____ Date | _____ Dept Chair/Dean Signature | _____ Date |
|----------------------------|---------------|----------------------------|---------------|------------------------------------|---------------|

RETURN TO: Department of Education Office – Carnegie Hall 202