

**Proposed Specialty Area and Proposed Goals
Educational Specialist Degree
Special Education**

The following information is required for admission to the Ed.S. Degree Program in Special Education at UNL.

Name:

Address:

Phone:

E-mail address:

Draft Area(s) of Proposed Specialty:

(Indicate the area or areas of special education that you would propose to be your specialty for the Ed.S. degree if accepted.)

Draft Goals for the Ed.S. Degree Program:

(Indicate the goals you would hope to accomplish during the course of completing the Ed. S. degree program in special education.)

Preferred faculty advisor (if known):

(In order to be admitted to the Ed.S. Degree program, a faculty member must agree to be your advisor for this program and complete the "Advisor Support Agreement" form. Indicate here any faculty you have contacted or intend to contact to seek support as your advisor)
