



MASTER of ARTS IN TEACHING (MAT)
at
DEPAUW UNIVERSITY

APPLICATION FORM

Date: _____ Year of planned enrollment: August _____

Biographical Information

Name: _____
Last First Middle

Date of Birth: _____
Month Day Year

Daytime Phone Number: () _____ - _____

E-mail Address: _____

Permanent Address:

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Mailing Address (if different from above):

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Daytime Phone Number: () _____ - _____

Educational Background

Undergraduate Institution: _____

Major: _____ Minor: _____

Graduation Date (Mo/Yr): _____ Cumulative GPA: _____ Major GPA: _____

Do you believe your GPA is an accurate reflection of your ability to undertake post-graduate study? Explain briefly:

Please list significant awards, scholastic honors or other academic achievements (such as publications or presentations of original research):

Please list significant service activities in which you have participated (college and community) and indicate any offices you have held:

Please list significant experiences in working with children:

References

Please list the name, title, address, e-mail and phone number of the three people whom you have asked to write letters of recommendation on your behalf:

1. _____

2. _____

3. _____

Mail application materials to: The MAT at DePauw Admissions Committee
DePauw University Department of Education Studies
7 Asbury Hall, 100 E. Seminary St., P.O. Box 37, Greencastle, IN 46135-0037