CSU Bakersfield
School of Social Sciences and Education
Special Education Programs

Exceptional Admission Application

This form is <u>only</u> for those applicants whose GPA falls below 2.67 overall or 2.75 for the last 60 semester units or 90 quarter units required for admission to the program.

CSUB ID#: _____ Name: _____
Last First Middle

Address: _____
Number and Street City State Zip

Telephone #: _____ Email: _____ GPA: _____

I. PLEASE ANSWER ALL THE QUESTIONS

Your goal in this secion of the application is to provide evidence that you are eligible to be considered for the Special Education Program under exceptional admission status and to provide supportive documentation relative to your special ability and experience in teaching.

1. Have you ever been denied admission to the Special Education Program under exceptional admission status?
   ☐ No ☐ Yes, if yes please state the year and term you were denied: _____
2. What was the reason you were denied regular admission to the Special Education Program? (Attach a copy of your most recent denial letter)

II. PLEASE PROVIDE ALL REQUESTED DOCUMENTATION

1. Provide a well written statement explaining:
   a. The reasons for your low GPA and discussing evidence that you have a current pattern of improving your GPA
   b. The extent and nature of work you have done with children
   c. Unique talents/qualities/experiences which can be useful in Special Education teaching
   d. What have you done to strengthen your skills since your last application (if you have applied before and were denied exceptional admission status)
2. Attach a recommendation from an observer who has seen you working with children.

You must turn this form in along with your supportive documentation by Friday of the fourth week of the preceding semester in which you are seeking admission. (If your file is not complete by that day, it will not be reviewed by the committee and you will not be considered for admission under exceptional admission status). Be sure to sign this form and include it with your program application.

Keep a personal copy of this request for your records and submit the orginial with your program application.

Do Not Write Below this line. Special Education Program Use Only

Approved: _____ Denied: _____ Reason: _____

No Action: _____ Reason: _____

_____ _____ _____
Date Director, Special Education program Chair, Advanced Educational Studies