



## Master of Educational Technology (MET) Program Application

### Instructions:

- Type or print legibly using dark blue or black ink
- Email completed application form to [eric.michael@wilson.edu](mailto:eric.michael@wilson.edu)
- Documents may be mailed, emailed or faxed to:  
Wilson College M.Ed. Office, 1015 Philadelphia Avenue, Chambersburg, PA 17201  
[norma.snider@wilson.edu](mailto:norma.snider@wilson.edu)  
Fax # [\(717\)262-2579](tel:(717)262-2579)

Please complete all sections below.

\*Indicates required field

### Personal Information

Last Name: \* \_\_\_\_\_

First Name: \* \_\_\_\_\_

Birth Name/Other Name: \* \_\_\_\_\_

Birth Date: \* \_\_\_\_\_

U.S. Citizen?  Yes  No

Permanent Resident?  Yes  No

Do you have a revoked teaching certificate?  Yes  No

Last 4 Digits of SSN: \_\_\_\_\_

### Contact Information

Address: \* \_\_\_\_\_

City: \* \_\_\_\_\_

State: \* \_\_\_\_\_

Zip: \* \_\_\_\_\_

Country: \_\_\_\_\_



# WILSON COLLEGE

Last Name, First Name:

Personal Email Address: \* \_\_\_\_\_

School Email Address: \* \_\_\_\_\_

Home/Cell Phone: \* \_\_\_\_\_

Emergency Contact Name and Telephone: \* \_\_\_\_\_

## Employer Information

Current Employer (School District): \* \_\_\_\_\_

Current Employer Address: \* \_\_\_\_\_

Employer's Telephone: \* \_\_\_\_\_

Position: \* \_\_\_\_\_

Principal's Name: \_\_\_\_\_

## Program Information

Are you a new Wilson student? \*  Yes  No

Are you planning on being part of a  Cohort (Face-to-Face) or an  online student? \*

## Demographic Information

Gender: \*  Male  Female

Ethnic Background:

What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino

What is your race? (Please check all that apply.)

American Indian or Alaskan Native  Asian  White

Black or African American  Native Hawaiian or Other Pacific Islander



# WILSON COLLEGE

Last Name, First Name:

## Post High School Education:

College 1:

\_\_\_\_\_

Institution Name: \_\_\_\_\_

Concentration: \_\_\_\_\_

Degree: \_\_\_\_\_

Accompanying Minor or Major: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

College 2: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Concentration: \_\_\_\_\_

Degree: \_\_\_\_\_

Accompanying Minor or Major: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

College 3: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Concentration: \_\_\_\_\_

Degree: \_\_\_\_\_

Accompanying Minor or Major: \_\_\_\_\_

Graduation Date: \_\_\_\_\_



Last Name, First Name:

**ESSAYS:**

**Relevant Experiences with Technology:** Describe your experiences working with technology and explain how these experiences are relevant to pursuing the MET.



Last Name, First Name:

**Development of Excellence in Teaching:** Understanding that Wilson's MET is focused on transforming teaching through technology integration, please explain in an electronic essay, 500 words or less, how and why this course of study in the MET will help you develop excellence in teaching.

I understand that falsification of any of the above information may result in the disqualification of my application.

Agree