

PERSONAL INFORMATION FORM (PIF)
Master's & Educational Specialist's Graduate Programs
College of Education, Health and Human Sciences
University of Idaho

Legal Name (print): _____

E-Mail Address: _____

Indicate Degree Pathway:

M.Ed. M.Ed. + Teacher Certification* M.S. Ed.S.

Indicate Program of Application:

Educational Leadership
(*M.Ed., Ed.S.*) Rehabilitation Counseling and
Human Services (*M.Ed., M.S.*) Curriculum and Instruction
(*M.Ed., M.Ed. + Cert*, Ed.S.*)

Adult, Organizational
Learning and Leadership
(*M.S.*) Curriculum & Instruction -
Career & Technical Education
(*M.Ed., Ed.S.*)

TEACHER CERTIFICATION

(* Endorsement area required for M.Ed.+ Cert)

<input type="checkbox"/> Art	<input type="checkbox"/> Family & Consumer Sciences	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Biological Sciences	<input type="checkbox"/> French	<input type="checkbox"/> Music Education
<input type="checkbox"/> Business Education	<input type="checkbox"/> Geography	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Chemistry	<input type="checkbox"/> German	<input type="checkbox"/> Physical Sciences
<input type="checkbox"/> Earth Sciences	<input type="checkbox"/> Health Education	<input type="checkbox"/> Physics
<input type="checkbox"/> Economics	<input type="checkbox"/> History	<input type="checkbox"/> Political Sciences
<input type="checkbox"/> English	<input type="checkbox"/> Library Science	<input type="checkbox"/> Social Sciences
<input type="checkbox"/> English as a New Language	<input type="checkbox"/> Literacy	<input type="checkbox"/> Spanish