Master’s Comprehensive Portfolio
For Special Education and Early Childhood Education
Student Application Procedures

FOR STUDENTS ADMITTED SPRING 2007 – SPRING 2009

Department of Educational and Clinical Studies
University of Nevada Las Vegas

Please read directions thoroughly. Applications will not be accepted unless they are complete as instructed below. Incomplete Applications will not be accepted.

1. Make an appointment with your advisor to review your current status, obtain permission to submit the Master’s Comprehensive Portfolio, and submit your comprehensive portfolio application. You must bring with you:
   ♦ A copy of your current transcript and class schedule.
   ♦ A copy of your completed Program of Studies with the grades you have received clearly recorded in the appropriate area. Do not make any changes on this form.
   ♦ Copies of any Change of Program forms.

2. In order to submit your portfolio, you must be enrolled in at least one graduate level class. If you have finished your coursework, you must enroll in ESP 766 for 3 credits.

3. STUDENT MUST file an application for graduation by the deadline designated by the graduate college. Graduation applications can only be completed through My UNLV.

4. Portfolio applications are accepted each semester and are due to the department on the day designated. Deadlines will be posted on the department website.

Comprehensive Portfolio Policy

Students must apply by the posted application deadline. Late applications will not be accepted.

Portfolios not turned in by the posted date and time will not be accepted for review until the following semester. Students must meet with their advisors and reapply.
MASTER’S COMPREHENSIVE PORTFOLIO
FOR STUDENTS ADMITTED SPRING 2007 – SPRING 2009 ONLY

Instructions: Complete Parts 1 & 2.
Semester: Spring_______ Summer_______ Fall _______ Year___________

PART 1: GENERAL INFORMATION
Please Print Clearly (No Nicknames):

LAST NAME: ___________________________ FIRST NAME: ___________________________

ADDRESS: ________________________________________________________________

CITY:________________________ STATE:__________ ZIP:________________________

HOME PHONE:________________________ WORK PHONE:________________________

NSHE ID# ________________________________

REBEL MAIL EMAIL:_________________________________________________________

PART 2: COMPREHENSIVE PORTFOLIO CHECKLIST.
Must be completed by your advisor. Signature indicates that student has:

_______ Completed all coursework as outlined on the Program of Study and is in the
final semester of coursework, or enrolled in ESP 766 for 3 credits.

_______ GPA 3.00 or higher.

_______ No more than two grades of less than B- (one for ESP prefixed courses and
one with any other prefix) will be permitted in a submitted Program of Study.

_______ Completed Graduation Application.

STUDENT: I understand that I MUST file an application for graduation by the deadline
designated by the graduate college. Graduation applications can only be completed
through My UNLV.

_________________________________ DATE: _____________

(student signature)

APPROVAL:
STUDENT’S COMMITTEE CHAIR: ___________________________ DATE: _____________

(signature)

GRADUATE COORDINATOR: ___________________________ DATE: _____________

(signature)

For Office Use Only

Committee

Chair: ___________________________ Member: ___________________________

Member: ___________________________ GC Rep: ___________________________

Exit Information: Documentation for 325T U.S. Department of Education Program Improvement Project

UNLV Exit Survey

Directions: Print or type the answer each question.

Name: ____________________________________________________________

NSHE ID (UNLV ID#): _____________________________________________

Program (e.g., Generalist, Autism): ________________________________

Degree (e.g., Master’s, Bachelor’s): ________________________________

Graduation Date (e.g., Fall 2011, Spring 2012): ______________________

1. Non-UNLV email address (e.g., Gmail, Interact, Yahoo):
   ______________________________________________________________

2. Do you desire to teach in the area for which you were prepared in this degree program? (If you answer “no”, skip to question 6.)
   _____ Yes    _____ No

3. Do you currently have a contract to teach in the area for which you were prepared in this degree program?
   _____ Yes    _____ No

4. If “yes” to #3, provide the following information:
   a. Name of School District: ______________________________________
   b. Name of School: _____________________________________________
   c. Title of Position: ____________________________________________
   d. Did you meet the Highly Qualified credential for this position?
      _____ Yes    _____ No

5. If “no” to #3, are you seeking a teaching position in the area for which you were prepared in this degree program?
   _____ Yes    _____ No

6. If you are not planning on teaching (in this current school year or in the next school year) in the area for which you were prepared under this degree, briefly explain why.
   ___________________________________________________________________________

7. Would you be willing to answer additional questions about your degree program?
   _____ Yes    _____ No

(If you answered “yes” to #7, you may be contacted via the email address you provided above at a later date.)