



Please Submit to:  
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VI Consortium

## CANDIDATE APPLICATION

### Visual Impairment Consortium for Teacher Preparation (VICTP)

Name: \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Anticipated semester to start classes: \_\_\_\_\_

Current employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous degrees earned: \_\_\_\_\_

Additional experience in the field of VI and education: \_\_\_\_\_

Preferences for pace of classes and universities desired for classes: \_\_\_\_\_

Concerns: \_\_\_\_\_

PLEASE NOTE: A complete application includes – Professional Education Certificate and University Transcripts