

Deaf & Hard of Hearing Consortium Application for Admission

Applicant Details

Last Name:	First Name:
Middle Name:	Maiden/Other Names:

Applicant Contact Information

Address:		
City:	State:	Zip:
Preferred Telephone:		Alternate Telephone:
Preferred Email Address:		

Employment Details

Current Employer:		
Address:		
City:	State:	Zip:

Education

College or University	City/State	Dates Attended	Degree Received	Major/Minor

Anticipated start term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:
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Falsification of records may result in immediate dismissal from the DHH Consortium.

I understand that Consortium institutions will share my academic records, including but not limited to courses completed and grades earned, with Consortium administrators for the purposes of advising and reimbursement.

I declare that to the best of my knowledge and belief, the answers I have given are true and correct.

Requester Signature: _____ **Date:** _____

Application Requirements

- Submit one official transcript from each college or university attended. Official transcripts must be sent directly by the college or university.
- Enclose a copy of your Michigan teaching certificate.
- Send completed application form and all supporting materials to Elizabeth Flores:

FAX: 517 335-1632

or

Michigan Department of Education – Low Incidence Outreach

DHH Consortium

ATTN: Elizabeth Flores

702 W. Kalamazoo St.

Lansing, MI 48915