

## Candidate Application: Visual Impairment Consortium for Teacher Preparation (VICTP)

Name:		Date of Birth:	
Last Four Digits of Social Security Number:		Anticipated Starting Semester:	
Street Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address(es):			
Current Employer:			
Employer Street Address:			
City:	State:	Zip:	
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 SUBMIT TO:**

Elizabeth Flores, M.S.  
P.O. Box 30742  
Lansing, MI 48909  
Email: [florese2@michigan.gov](mailto:florese2@michigan.gov)

**PLEASE NOTE:**

A complete application includes your professional education certificate and university transcripts.