

**APPLICATION FOR ADMISSION TO THE PHILADELPHIA URBAN SEMINAR  
5/17/15—5/29/15**

NAME: \_\_\_\_\_

CLASS \_\_\_\_\_ AGE: \_\_\_\_\_

M NUMBER/STUDENT ID: \_\_\_\_\_

MAJOR: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS (THE ONE YOU USE): \_\_\_\_\_

GRADE LEVEL WHERE YOU WOULD LIKE TO BE PLACES (CIRCLE): K-3 4-6 6-8 9-12

CONTENT AREA (IF SECONDARY ED, BE SPECIFIC) \_\_\_\_\_

*APPLICATION DUE ON OR BEFORE 3/13/15 BY E-MAIL OR PAPER COPY*

*\$200 DEPOSIT (CHECK PAYABLE TO MILLERSVILLE UNIVERSITY) ON OR BEFORE  
3/27/15*

DR. TIM MAHONEY  
TIM.MAHONEY@MILLERSVILLE.EDU  
STAYER 425

717-871-7202

**TO BE COMPLETED BY DR. MAHONEY:**

DEPOSIT PAID: (MAKE CHECK PAYABLE TO MILLERSVILLE UNIVERSITY) \_\_\_\_\_

COPIES OF CLEARANCES ON FILE \_\_\_\_\_

MEDICAL INFORMATION ON FILE \_\_\_\_\_

LOTTERY NUMBER \_\_\_\_\_

**PHILADELPHIA URBAN SEMINAR**

NAME: \_\_\_\_\_

CERTIFICATION AREA : \_\_\_\_\_

WRITE A COUPLE OF PARAGRAPHS IN RESPONSE TO THE QUESTION BELOW:

IF YOU HAD ONE SUPERPOWER, WHAT WOULD IT BE AND HOW WOULD YOU USE THIS POWER TO BE A BETTER TEACHER?