



**JON L. JENMARC INCORPORATED**  
 1350 Belmont Street- Williamsburg Square # 101  
 Brockton MA 02301-4330



(V) www.jonljenmarc.com (Fx)508.586.6448

**PRE-APPLICATION FOR GRADUATE ADMISSION**  
 Please scan and email completed form to [fran.jenmarc@gmail.com](mailto:fran.jenmarc@gmail.com) or FAX to 508.586.6448

**Instructions:**

1. Please **PRINT** legibly.
  2. Return the completed pre-application to JENMARC in ONE of the following ways:  
 Scan and email to: [fran.jenmarc@gmail.com](mailto:fran.jenmarc@gmail.com)  
 Fax to 508.586.6448  
 Snail-mail to JON L. JENMARC, INC – 1350 Belmont Street # 101, Brockton MA 02301-4430
  3. Please call the JENMARC Office at 508.586.3574 to schedule an interview with a Program Counselor.
  4. There is NO FEE for PRE-application.
- PLEASE CALL OUR OFFICE WITH ANY QUESTIONS at 508.586.3574.**

**Intended Program of Study – Please check Degree Program and License Information:**

- Eastern Nazarene College:**
- MEd in Moderate Disabilities PK-8
  - MEd in Moderate Disabilities 5-12
  - MEd in Early Childhood
  - MEd in Elementary Education
  - Med in Middle School Education
  - MEd in Secondary Education
  - Degree ONLY  Initial License  Pathway to Professional License

**PERSONAL INFORMATION**

Social Security Number \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_     Male  Female    Date of Birth \_\_\_\_\_  
 Full Name: \_\_\_\_\_

Last/Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Former \_\_\_\_\_

Mailing Address:  
 No/Street/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

E-mail Address/(es) (Please include a non-school email address): \_\_\_\_\_

MEPID # (from DESE ELAR page) \_\_\_\_\_

List all MTELs passed (for Initial License candidates only): \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current Employer \_\_\_\_\_

Job Title \_\_\_\_\_

**COLLEGE INFORMATION:** Please list all post-secondary schools you have attended:

Institution	Location	Dates Attended	Degree/Major

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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