



**Master of Education in Visual Function Learning  
Admissions Application**

Name \_\_\_\_\_  
Last First MI Preferred Name

Current Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Pacific University ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

If you are fluent in a language(s) other than English, please list here. \_\_\_\_\_

Are you currently a student in Pacific University's College of Optometry?  Yes  No If yes, what is your anticipated graduation date? \_\_\_\_\_ If no, please contact the Admissions Office at [teach@pacificu.edu](mailto:teach@pacificu.edu).

Please list the principal activities (college or community) in which you have participated. Indicate any leadership positions held.

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If not indicated above, please list your experiences (volunteer or work) with children/youth. \_\_\_\_\_

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Describe any areas within Optometry that are of particular interest to you. Include comments on who or what influenced you to apply for the MEd VFL program and what you hope to learn from enrolling in the program.

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References

List the name and contact information for a Pacific University College of Optometry faculty who has agreed to provide a letter of reference for you.

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Name	Title	Email
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Read and Sign

The information in this application are true and correct to the best of my knowledge. The falsification of any part of this application is grounds for dismissal. I understand that this application becomes the property of Pacific University and is not returnable. I also understand that this application becomes part of the College of Education file and is accessible to faculty, staff, and members of the Admissions Committee.

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Name	Signature	Date
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**Your completed application and reference form should be sent to:**

Diana Watkins  
Assoc. Director Grad. & Prof. Admissions  
Berglund Hall 106  
[teach@pacificu.edu](mailto:teach@pacificu.edu)  
503-352-1435