



ENDORSEMENT-PATHWAY 3 PROGRAM APPLICATION

Official Use Only:	
Application Fee:	_____
R+:	_____
Course Substitution Form	_____
WA Cert:	_____
Entered date:	_____
Initial:	_____

Have you previously attended SPU? Yes No

If so, when was the last quarter of attendance? Quarter _____ Year _____

Are you currently admitted to a graduate program at SPU? Yes No

WASHINGTON TEACHER CERTIFICATE NUMBER (**REQUIRED**) _____ EXP DATE (**REQUIRED**) _____
 (photocopy of certificate required; please include with application)

WASHINGTON TEACHER CERTIFICATE TYPE (e.g. Residency Teacher) _____

ENDORSEMENT(S) CURRENTLY ON YOUR CERTIFICATE: _____

ENDORSEMENT YOU ARE APPLYING FOR (**REQUIRED**): _____

PERSONAL INFORMATION

SOCIAL SECURITY: _____ -- _____ -- _____

Mr. Mrs. Ms. Miss

NAME: (last) _____ (first) _____ (middle) _____
 (maiden) _____ (preferred name -- if different) _____

PERMANENT ADDRESS: (street) _____
 (city) _____ (state) _____ (zip) _____
 (nation) _____ (county -- if WA address) _____

MAILING ADDRESS: (street) _____
 (if different than above)
 (city) _____ (state) _____ (zip) _____
 (nation) _____ (county -- if WA address) _____

PHONE (REQUIRED): _____ Home Work Cell Voice messaging available? Yes No

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EMAIL ADDRESS (REQUIRED): _____

GENDER (optional): Male Female

BIRTHDATE (REQUIRED): _____

ETHNICITY (optional): Please select one or more:
 Hispanic or Latino Alaskan Native American Indian Asian
 Not Hispanic or Latino Black or African American Caucasian/White Other (please specify) _____
 Hawaiian/Pacific Islander Middle Eastern _____

CITIZENSHIP: United States Other (specify) _____
 Are you a Resident Alien? Yes No (visa type) _____

EDUCATIONAL HISTORY

UNDERGRADUATE DEGREE *(list additional undergraduate degrees on a separate page)*

Institution: _____
City: _____ State: _____
Degree Earned: B.A. B.S. Other (specify) _____ Major: _____
Year of Graduation _____

GRADUATE DEGREE *(list additional graduate degrees on a separate page)*

Institution: _____
City: _____ State: _____
Degree Earned: M.A. M.Ed. Other (specify) _____ Specialization: _____
Year of Graduation _____

EMPLOYMENT HISTORY

Current School District: _____
School: _____ Phone Number: (____) _____
Job Title: _____
Start Date of Employment: _____
Previous Employer: _____ Phone Number: (____) _____
Job Title: _____ Dates of Employment: _____

ATTACH A PHOTOCOPY OF VALID WASHINGTON STATE TEACHING CERTIFICATE

Mail completed application to:

Seattle Pacific University
Center for Professional Education
3307 Third Avenue West, Suite 209
Seattle, WA 98119
ATTN: Endorsements

Enclosed:

- Application (signed on page 3)
- \$200 Application Fee
- Photocopy of WA State Teaching Certificate
- Course Substitution Form and Official Transcripts (attached – complete if requesting review of coursework)

ADDITIONAL INFORMATION

(optional)

How did you hear about Seattle Pacific University?

What influenced your decision to apply for graduate study at Seattle Pacific University?

DISCRIMINATION POLICY

Seattle Pacific University reserves the right to select students on the basis of academic performance and personal qualifications. It is the policy of SPU not to discriminate on the basis of race, color, national origin, sex, age, or disability in admission to its programs or activities.

INSTITUTIONAL EXPECTATIONS

Seattle Pacific University is an academic, social and Christian community with expectations that serve as guidelines for membership in the community. These expectations include a standard of personal and moral integrity and social conscience derived from the University's Christian commitment. Acknowledging that not all students share the University's Christian commitments, out of respect for community standards, all graduate students are required to abstain from alcohol, drugs and tobacco, illegal, immoral or disruptive activities while on campus or while involved in University-related activities.

Applicant Signature: _____

Date: _____

APPLICATION FEE

\$200.00

Payment Options: Choose one of the following payment methods. Payment **MUST** be received at the time of application.

CHECK: Check enclosed for the full amount of: \$ _____ Make all checks **payable to SPU**; do not send cash

CREDIT CARD: VISA MASTERCARD Charge my card for the full amount of: \$ _____
SPU only accepts

ACCOUNT NUMBER

EXPIRATION DATE

NAME (as it appears on card – please print)

ZIP CODE (billing address)

SIGNATURE: _____

DATE: _____



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Seattle Pacific UNIVERSITY

Course Substitution Form

Name: _____

Date: _____

Endorsement: _____

Instructions: If you have previously taken any coursework which you believe may meet requirements for the desired endorsement, please list these recent courses below. Generally we exclude courses more than 10 years old, however these courses may be waived based on experience and additional coursework.

Please complete form, attach syllabi and/or course descriptions and a copy of an official transcript. Send all documents to:

Seattle Pacific University, Center for Professional Education/Endorsements, 3307 Third Ave. West, Suite 209, Seattle WA 98119-1950

REQUIRED COURSES:							
SPU course	Course Prefix/#	Course Title	Year	College/University	# Sem/Qtr Credits	Grade	Reason for substitution
EDSE 5194	EDSP 9999	Intro to Special Education	2006	Western	3	A-	see attached syllabus and course description

ELECTIVE COURSES: Special Education Endorsement ONLY							
SPU course	Course Prefix/#	Course Title	Year	College/University	# Sem/Qtr Credits	Grade	Reason for substitution