



ENDORSEMENT-PATHWAY 2 PROGRAM APPLICATION

| Official Use Only: | |
|--------------------|-------|
| Application Fee: | _____ |
| R+: | _____ |
| Form SPI 4422: | _____ |
| 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 Certificate) _____

ENDORSEMENT(S) YOU CURRENTLY HOLD **(REQUIRED)** _____

➔ DO YOU HAVE 90 DAYS SUCCESSFUL CONTRACTED TEACHING IN CURRENT ENDORSEMENT AREA? Yes No

ENDORSEMENT YOU ARE APPLYING FOR **(REQUIRED)** _____
(include Pathway 2 Pedagogy Assessment/Employer Support Verification, Form SPI 4422)

DISTRICT OR ESD AFFILIATION _____

WEST-E PASSED (Scores submitted electronically to SPU)? Yes No Anticipated Exam Date _____
NOTE: WEST-E must be passed in new endorsement area prior to field experience/pedagogy assessment

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

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

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

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

Enclose:

- Application (signed on page 3)
- \$200 Application Fee
- Photocopy of WA State Teaching Certificate
- Form SPI 4422 – District Support Verification (attached)

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 is an academic, social and Christian community with expectations which serve as guidelines for membership in the community. These expectations include a standard of personal 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: _____



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Education and Certification
 Old Capitol Building, PO BOX 47200
 OLYMPIA WA 98504-7200
 (360) 725-6400 TTY (360) 664-3631
 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us

PATHWAY 2 PEDAGOGY ASSESSMENT/ DISTRICT SUPPORT VERIFICATION

Use this form to verify support for an individual seeking a pathway 2 endorsement, by providing an opportunity and setting for a pedagogy assessment in the desired endorsement area.

SECTION A

TO BE COMPLETED BY CANDIDATE

| | | | | |
|------------------------------|------|-----------------------|--------|----------------------------------|
| 1. NAME | LAST | FIRST | MIDDLE | MAIDEN/FORMER NAME |
| 2. ADDRESS | | | | 3. DATE OF BIRTH |
| 4. CITY/STATE/ZIP | | | | 5. SOCIAL SECURITY NO (OPTIONAL) |
| 6. TELEPHONE | | 7. WA CERTIFICATE NO. | | 8. E-MAIL ADDRESS |
| Business () | | Home () | | |
| 9. ENDORSEMENTS ALREADY HELD | | | | 10. DESIRED ENDORSEMENT |
| | | | | 11. CERTIFICATE NUMBER |

SECTION B

TO BE COMPLETED BY SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY

Statement Supporting the Teacher's Pedagogy Assessment in the Desired Endorsement Area

_____ commit to providing a setting in which
 (Name of school district, approved private school, or state agency providing educational services)

_____ may conduct the assessment for _____
 (Name of college/university) (Teacher's name)

to add the following endorsement(s): _____
 (Desired endorsement)

| | |
|--|----------------|
| NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL | DATE |
| ADDRESS | |
| CITY/STATE/ZIP | |
| TELEPHONE | NAME (PRINTED) |
| () | |
| SIGNATURE AND TITLE | |