

College of Education Registration Form

Professional & Continuing Education

(RMRGNREC)

College of Education

Professional & Continuing Education 901 12th Avenue P.O. Box 222000

Seattle, WA 98122-1090 Phone: (206) 296-2147; Fax: 206-220-8235

► Signature (required):

Email: e-academy@seattleu.edu

FOR EDPD USE ONLY: Year & Term course being offered (e.g	ı., 15FQ):
Course subject & section: EPD	
Check #:	GR:

Date:

NOTE: Please print, using ink, and complete fields I-IV on this form. Incomplete information may delay your registration or cause inaccuracy on your transcript. If you have (<u>h</u>

I. Student Information	1:		
Student Legal Nam	ne:	First	
	Last	First	Middle
Mailing Address: —	Street Number	Apr	t.#
_	City	State	Zip Code
E-mail Address:		Birthdate (MM/DD/YY): _	
Daytime Phone Nur	mber: ()	Evening Phone Numb	per: <u>(</u>
Have you previously	y taken courses through Seattle	e University? (required):	
If yes: Dates of atte	endance:	List all former names:	
Citizenship (require	ed): Du.S. Dother (please	specify): ar	nd type of Visa:
Optional: Gender	☐Female ☐Male		
II. Course Information	ı:		
Course Title:	Special Education Endorse	ment Academy Number of Cr	redits: 24 credits
Course Instructor:	Various	Dates of Cours	se: Fall Quarter 2024- Spring Quarter 2025
II b. Track Selection:			
Endorsementonly	/track (\$325/credit, \$8,348) (include	s technology and testing materials fees) post-baccalaureate le	evel credits
III. Method of Paymen	t:		
-Secure payment	links will be sent to you. Pleas	se check the payment plan. You are also able	to register and pay for the future courses in advance
IV. Signature:			
register for the above named	non-refundable courses and that once regist		sting of my grades. I also understand that my signature confirms my intent to understand and agree that if I fail to pay all applicable tuition and fees when



College of Education Demographic and Programmatic Information

The information requested on this form is optional. The College of Education is required by the state to request the demographic information for certification and accreditation purposes. The programmatic information is for use by the college to improve programs and services.

DEMOGRAPHIC INFORM	ATION									
Ethnicity	Race			cation	1		Langua	age		
Please select one ☐ Hispanic or Latino ☐ Not Hispanic or Latino	Please select the option that best describes your racial identity: Asian Black or African American Native Hawaiian or Other Pacific Islander White American Indian or Alaska Native Mixed Race			Are you a first generation college graduate?		Is English your first language?				
□ Not Thispaine of Latino			□ Y	□ Yes □ No			□ Yes □ No			
							If no, what is your first language:			
Education History/Graduate List all colleges/universities at		uding Seattle Univer	sity) start	ing wi	ith the most recent.					
Institution	•	City		Dates Attended		1		Date Received	Major	
TEACHING EXPERIENCE	:		į							
In what year did you earn yo credential?	ur initial	In which state did y earn your initial credential?	r initial							
How did you earn your initia credential?	1	☐ Undergraduate Program		□ Gr Progr		☐ Alterna Certificati				
How many years have you w	orked as a to	eacher?								
Are you interested in further graduate studies? ☐ Yes ☐ No			l No	Are you interested in earning additional endorsements? ☐ Yes ☐ No						
If yes, in what areas:			If yes, in what areas:							
How did you first hear about	our progran	n? ☐ Friend/co	o-worker		l SU Alum □	Employe	er Event	□ v	Veb Research	
		☐ Other								
What most influenced you to	apply to thi									