

College of Education Registration Form

Professional Education

(RMRGNREC)

College of Education
Professional Education
901 12th Avenue
P.O. Box 222000
Seattle, WA 98122-1090
Phone: (206) 296-2147; Fax: 206-220-8235
Email: e-academy@seattleu.edu

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

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 previously attended Seattle University under a different name you may be required by the Registrar's office to complete a name change request form. (https://www.seattleu.edu/media/redhawk-axis/registrar/Student-Update-Form.pdf)

I. Student Informatio	n:		
Student Legal Nar	ne:		
-	Last	First	Middle
Mailing Address:	Street Number	Apt. #	
-	City	State	Zip Code
E-mail Address:		Birthdate (MM/DD/YY):	
Daytime Phone Nu	mber: ()	Evening Phone Number: ()
Have you previous	ly taken courses through Seattle University? (required)	: 🗆 Yes 🛛 No	
If yes: Dates of att	endance: List a	all former names:	
Citizenship (requir	ed): □U.S. □Other (please specify):	and type of V	/isa:
Optional: Gender	Female Male		
II. Course Information	1:		
Course Title:	Special Education Endorsement Academy	Number of Credits:	24 credits
Course Instructor:	Various	Dates of Course: Fall Q	uarter 2025 - Spring Quarter 2026

II b. Track Selection:

Endorsement Only Track (\$350/credit, \$9,011) (includes technology and testing materials fees) post-baccalaureate level credits

III. Method of Payment:

-Secure payment links will be sent to you. Please check the payment plan. You are also able to register and pay for the future courses in advance

IV. Signature:

I verify that the above information is correct and accurate and I understand that incomplete information may delay my registration and the posting of my grades. I also understand that my signature confirms my intent to register for the above named non-refundable courses and that once registered, I will be obligated to pay all applicable tuition and fees. I also understand and agree that if I fail to pay all applicable tuition and fees when due, Seattle University has the right to assess my unpaid balances cumulative late fees of up to \$200 and a finance charge of 1.0% per month (12% APR). In addition, Seattle University has the right to charge me for any subsequent collection expenses and fees the university incurs in collecting my unpaid balances. I understand and agree that my 'unpaid balances' may include finance charges previously assessed and not paid.

► Signature (required): _

Date:

NOTE: Official transcripts are obtained by submitting a Transcript Request Form to the Office of the Registrar (<u>http://www.seattleu.edu/transcripts</u>). Seattle University's policy regarding the confidentiality of student records is in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA). For complete details of our FERPA academic record guidelines go to: <u>https://www.seattleu.edu/registrar/student-records/ferpa/</u>

SEATTLE UNIVERSITY Founded 1891

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 INFORMATION

Ethnicity Please select one Hispanic or Latino Not Hispanic or Latino	Race Please select the option that best describes your racial identity:	Education Are you a first generation college graduate?		Language Is English your first language?		
	 Asian Black or African American Native Hawaiian or Other Pacific Islander White American Indian or Alaska Native Mixed Race 	□ Yes	□ No	☐ Yes ☐ No If no, what is your first language:		

Education History/Graduate Degree

List all colleges/universities attended (including Seattle University) starting with the most recent.

Institution	City	State		Degree Earned	Date Received	Major
		-	-			

TEACHING EXPERIENCE

In what year did you earn your initial credential?	In which state did you earn your initial credential?	□ Washington State □ Other			
How did you earn your initial credential?	□ Undergraduate Program	□ Graduate Program	☐ Alternate Certification		
How many years have you worked as a t	eacher?				
Are you interested in further graduate stu	Are you interested	l in earning additional endorse	ements? 🗆 Yes 🗆 No		
If yes, in what areas:		If yes, in what areas:			
How did you first hear about our program?		SU Alum	□ Employer Event	□ Web Research	
	□ Other				
What most influenced you to apply to this program?					