

# **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:<br>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<br>Please select one<br>Hispanic or Latino<br>Not Hispanic or Latino | Race<br>Please select the option that<br>best describes your racial<br>identity:   | Education<br>Are you a first generation college<br>graduate? |      | Language<br>Is English your first language?       |  |  |
|--|--|--|------|---|--|--|
|  | <ul> <li>Asian</li> <li>Black or African American</li> <li>Native Hawaiian or<br/>Other Pacific Islander</li> <li>White</li> <li>American Indian or<br/>Alaska Native</li> <li>Mixed Race</li> </ul> | □ Yes  | □ No | ☐ Yes ☐ No<br>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<br>Earned | Date<br>Received | Major |
|-------------|------|-------|---|------------------|------------------|-------|
|             |      |       |   |                  |                  |       |
|             |      |       |   |                  |                  |       |
|             |      | -     | - |                  |                  |       |

## TEACHING EXPERIENCE

| In what year did you earn your initial credential? | In which state did you<br>earn your initial<br>credential? | □ Washington State<br>□ Other   |                              |                |  |
|--|--|---------------------------------|------------------------------|----------------|--|
| How did you earn your initial credential?          | □ Undergraduate<br>Program                                 | □ Graduate<br>Program           | ☐ Alternate<br>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? |  |                                 |                              |                |  |