



College of Education

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

FOR EDPD USE ONLY:

Year & Term course being offered (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.

I. Student Information:

Social Security Number or SU ID: No SSN? Check Here

Student Legal Name: Last First Middle

Mailing Address: Street Number Apt. #
City State Zip Code

E-mail Address: Birthdate (MM/DD/YY):

Daytime Phone Number: Evening Phone Number:

Have you previously taken courses through Seattle University? Yes No

If yes: Dates of attendance: List all former names:

Citizenship (required): U.S. Other (please specify): and type of Visa:

Optional: Gender Female Male

II. Course Information:

Course Title: Alternative Certification Pathway, K-8 Credential with ELL Endorsement Number of Credits: 36 credits (\$400 per credit)

Course Instructor: Various Instructors Dates of Course: Summer 2020 start

III. Method of Payment:

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

Total Due (includes technology fee): \$14,760 (\$400 per credit & Tech Fee)

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.

Signature (required): Date:

NOTE: Official transcripts are obtained by submitting a Transcript Request Form to the Office of the Registrar (http://www.seattleu.edu/transcripts). 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: https://www.seattleu.edu/registrar/student-records/ferpa/

Name: _____

Program: Alternative Routes to Teacher Certification

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:

- Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 American Indian or Alaska Native
 Mixed Race

Education

Are you a first generation college graduate?

- Yes No

Language

Is English your first language?

- 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	Dates Attended	Degree Earned	Date Received	Major

ROUTE INFORMATION

Select which route:

- Route 1: For district staff (e.g., paraeducators) with an associate's degree
 Route 2: For district staff with a bachelor's degree
 Route 3: For "career changers" with a bachelor's degree
 Route 4: For district staff with a bachelor's degree and a limited certificate

How did you first hear about our program?

- Friend/co-worker SU Alum Employer Event Web Research
 Other

What most influenced you to apply to this program? _____