SEATTLE UNIVERSITY

College of Education Registration Form
Professional Education

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 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.
(https://www.seattleu.edu/media/redhawk-axis/registrar/Student-Update-Form.pdf)

I. Student Information:

☐

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? *(required)*: ☐ 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: ___Special Education Endorsement Academy___   Number of Credits: ___24 credits___

Course Instructor: ___Various___   Dates of Course: ___Fall Quarter 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: _____

College of Education
Demographic and Programmatic Information

SEATTLE UNIVERSITY Founded 1891

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

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 teacher? _____

Are you interested in further graduate studies?   ☐ Yes   ☐ No

If yes, in what areas: _____

Are you interested in earning additional endorsements?   ☐ Yes   ☐ No

If yes, in what areas: _____

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? _____