

**College of Education**  
Professional & Continuing Education  
901 12<sup>th</sup> Avenue  
P.O. Box 222000  
Seattle, WA 98122-1090  
Phone: (206) 296-2147; Fax: 206-220-8235  
Email: [e-academy@seattleu.edu](mailto:e-academy@seattleu.edu)

**FOR EDPD USE ONLY:**

Year &amp; Term course being offered (e.g., 15FQ): \_\_\_\_\_

Course subject &amp; 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 MiddleMailing 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:****National Board Candidate Support - 2024-2025**

- Components you plan to pursue:  Component 1  Component 2  Component 3  Component 4  All Components  Foundations
- Certification Area: \_\_\_\_\_

**III. Method of Payment:**

Paid via SU Online Payment Portal (Canvas Catalog)

**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 (<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/>

# 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:

- 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

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 program?  Friend/co-worker  SU Alum  Employer Event  Web Research

Other \_\_\_\_\_

What most influenced you to apply to this program? \_\_\_\_\_