

School of Education

Administrator Professional Certification Program Service ~ Leadership ~ Competence ~ Character

ADMINISTRAT	'nΡ					Official L	Jse Only:
PROFESSION, PROGRAM AP	AL CER		N			App Fee: R+: Employment:	
Have you previously atter	nded SPU?		O Yes	O No		Certificate: Entered:	
If so, when was the last q	uarter of atte	ndance?	Quarter	Year		Initial:	
Are you currently admitte	d to a gradua	te program at SPU?	O Yes	O No			
Are you interesting in con O Doctoral Programs		rogram with one of the ndent/Executive Lea	0.0			?	
Where did you complete	your Resider	cy Administrator/Prir	ncipal Certifica	ite:			
WASHINGTON ADMINISTR (Photocopy of Certificate		IPAL CERTIFICATE NU	JMBER (require	ed):	Is	sue Date:	
DISTRICT OR ESD AFFI	LIATION						
The Principal/Administration available as needed, an		-	-	•	-	ar. Extende	ed time is
PERSONAL INF	ORMAT	ION					
SOCIAL SECURITY:			·-				
	O Dr.	O Mr.	O Mrs.		O Ms.	middle)	O Miss
(maiden)		(preferred	name if different)_			
PERMANENT ADDRESS: (street)						
(city)		(state)_			(zip)	
(nation)		(county	· if WA address)			
MAILING ADDRESS: (if different than above)	street)						
(city)		(state)_			(zip)	
(nation)		(county	if WA address)			
HOME PHONE (required):_			<u>.</u>	nessaging avai			
CELL PHONE (required):_			Voice n	nessaging avai	lable? O	Yes O No)
EMAIL ADDRESS (require	d):						
GENDER (optional):	O Male	O Female	E	BIRTHDATE (re	quired):		
ETHNICITY (optional): O Hispanic or Latino O Not Hispanic or Latino	Hispanic or Latino O Alaskan Native		O Cau	O American Indian O Caucasian/White O Middle Eastern		OAsian OOther (please specify)	
CITIZENSHIP:	O United Are you a	States O Other (s) (visa type)			

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EDUCATIONAL HISTORY

nstitution: Dity:		Year of Graduation:
pegree Earned: O M.A.		
ADMINISTRATIVE EMPLOYMENT HI		
Current School District (requ	ired):	
School (required):		Phone Number: ()
Supervisor:		Direct Line: ()
Job Title:		
Begin date of Employment:		
Previous Employer:		Phone Number: ()
		Dates of Employment:

Mail completed application to:

Seattle Pacific University Center for Professional Education ATTN: Administrator ProCert 3307 Third Avenue West, Suite 209 Seattle, WA 98119 - 1950

Enclose:

[]	Application
[]	Application Fee
[]	Photocopy of official Administrator Residency Certificate
Γ.	Verification of Employment

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ADDITIONAL INFORMATION

(optional)

How did you hear about Seattle Pacific University?

What influenced your decision to apply for graduate study at Seattle Pacific University?

DISCRIMINATION POLICY

Seattle Pacific University reserves the right to select students on the basis of academic performance and personal qualifications. It is the policy of SPU not to discriminate on the basis of race, color, national origin, sex, age, or disability in admission to its programs or activities.

INSTITUTIONAL EXPECTATIONS

Seattle Pacific is an academic, social and Christian community with expectations which serve as guidelines for membership in the community. These expectations include a standard of personal moral integrity and social conscience derived from the University's Christian commitment.

Acknowledging that not all students share the University's Christian commitments, out of respect for community standards, all graduate students are required to abstain from alcohol, drugs and tobacco, illegal, immoral or disruptive activities while on campus or while involved in University-related activities.

Signature:	Date:
•	

APPLICATION \$25.00	N FEE		
Payment Options: Chool D'DC. CHECK:		nent methods. Payment must be received at the time amount of: \$ Make all checks paya	ne of application. able to SPU; do not send cash
☐ CREDIT CARD:	□ VISA □ MASTERCARD SPU only accepts	ACCOUNT NUMBER NAME (as it appears on card – please print)	EXPIRATION DATE ZIP CODE (billing address)
	Signature:		DATE:

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