



ADMINISTRATOR PROFESSIONAL CERTIFICATION PROGRAM APPLICATION

Table with 1 column: Official Use Only. Rows include App Fee, R+, Employment, Certificate, Entered, Initial.

Have you previously attended SPU? [ ] Yes [ ] No

If so, when was the last quarter of attendance? Quarter \_\_\_\_\_ Year \_\_\_\_\_

Are you currently admitted to a graduate program at SPU? [ ] Yes [ ] No

Are you interesting in combining this program with one of the following graduate programs at SPU?

[ ] Doctoral Programs [ ] Superintendent/Executive Leadership Program [ ] Other \_\_\_\_\_

Where did you complete your Residency Administrator/Principal Certificate: \_\_\_\_\_

WASHINGTON ADMINISTRATOR/PRINCIPAL CERTIFICATE NUMBER (required): \_\_\_\_\_ Issue Date: \_\_\_\_\_
(Photocopy of Certificate required)

DISTRICT OR ESD AFFILIATION \_\_\_\_\_

The Principal/Administrator Professional Certificate program is usually completed in one year. Extended time is available as needed, and additional course fees will apply for each quarter of extended time.

PERSONAL INFORMATION

SOCIAL SECURITY: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

[ ] Dr. [ ] Mr. [ ] Mrs. [ ] Ms. [ ] Miss

NAME: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

(maiden) \_\_\_\_\_ (preferred name -- if different) \_\_\_\_\_

PERMANENT ADDRESS: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

(nation) \_\_\_\_\_ (county -- if WA address) \_\_\_\_\_

MAILING ADDRESS: (street) \_\_\_\_\_
(if different than above)

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

(nation) \_\_\_\_\_ (county -- if WA address) \_\_\_\_\_

HOME PHONE (required): \_\_\_\_\_ Voice messaging available? [ ] Yes [ ] No

CELL PHONE (required): \_\_\_\_\_ Voice messaging available? [ ] Yes [ ] No

EMAIL ADDRESS (required): \_\_\_\_\_

GENDER (optional): [ ] Male [ ] Female

BIRTHDATE (required): \_\_\_\_\_

ETHNICITY (optional): Please select one or more:

- [ ] Hispanic or Latino [ ] Alaskan Native [ ] American Indian [ ] Asian
[ ] Not Hispanic or Latino [ ] Black or African American [ ] Caucasian/White [ ] Other (please specify)
[ ] Hawaiian/Pacific Islander [ ] Middle Eastern

CITIZENSHIP: [ ] United States [ ] Other (specify) \_\_\_\_\_

Are you a Resident Alien? [ ] Yes [ ] No (visa type) \_\_\_\_\_

## EDUCATIONAL HISTORY

### GRADUATE DEGREE

Institution: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
Degree Earned:  M.A.  M.Ed. Other (specify) \_\_\_\_\_  
Specialization: \_\_\_\_\_

## ADMINISTRATIVE EMPLOYMENT HISTORY

Current School District (**required**): \_\_\_\_\_  
School (**required**): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Direct Line: (\_\_\_\_) \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Begin date of Employment: \_\_\_\_\_  
  
Previous Employer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

## ATTACH A PHOTOCOPY OF WASHINGTON ADMINISTRATOR/PRINCIPAL CERTIFICATE

### 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
- Verification of Employment

## 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 FEE

\$25.00

Payment Options: Choose one of the following payment methods. Payment must be received at the time of application.

\* DC \*

**CHECK:** Check enclosed for the full amount of: \$ \_\_\_\_\_ Make all checks **payable to SPU**; do not send cash

**CREDIT CARD:**  VISA  MASTERCARD \_\_\_\_\_ / \_\_\_\_\_  
*SPU only accepts* ACCOUNT NUMBER EXPIRATION DATE  
NAME (as it appears on card – please print) ZIP CODE (billing address)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_