



ADMINISTRATOR PROFESSIONAL CERTIFICATION PROGRAM APPLICATION

Official Use Only:	
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: _____ -- _____ -- _____

NAME: Dr. Mr. Mrs. Ms. Miss
(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: _____