



CityUniversity of Seattle

ENDORSEMENT PROGRAM ADMISSION APPLICATION

SECTION A

DATE: _____

Name: _____ Student ID# _____

Address: _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

I am a Current Former student in: BA MIT One Year MIT Two Year MED
And/Or

I am An endorsement only applicant

Please select the endorsement(s) you are applying for:

- Reading P-12 Special Education P-12 ELL P-12 Elementary Education K-8
 Middle Level Math 4-9 Mathematics 5-12

Review, sign and submit an **Endorsement Agreement of Understanding form**. (Page 2)

Washington Teaching Certificate # _____ Type of Certificate: _____

Certificate Expiration Date: _____

Current Teaching Assignment/District: _____

ALL APPLICANTS: A LETTER OF SUPPORT FROM YOUR CURRENT BUILDING PRINCIPAL IS REQUIRED. IF YOU ARE NOT TEACHING IN A SCHOOL, A LETTER OF SUPPORT FROM A CURRENT BUILDING PRINCIPAL IS REQUIRED. THE LETTER OF SUPPORT INDICATES THAT THE PRINCIPAL SUPPORTS YOU IN EARNING THIS ENDORSEMENT, AND IS WILLING TO WORK WITH YOU TO COMPLETE ANY REQUIRED INTERNSHIP/PRACTICUM HOURS FOR THE ENDORSEMENT.

SECTION B

Please submit the following application materials to the **Office of Enrollment** (or the **Endorsement Specialist** if you have already submitted your City University Application).

- City University Application and non-refundable application fee of \$50.00 (Current/former students might have this on file.)
- Copy of valid Washington State Teaching Certificate (Required for ALL applicants. Current/former students might have this on file.)
- Official transcripts from Institution where Teaching Certificate was earned (Required for ALL applicants. Current/Former students might have these on file.)
- Signed agreement of understanding.

In addition, please request that your **official transcripts** be sent to the **Office of the Registrar**.

Office of Enrollment
City University of Seattle
521 Wall Street
Seattle, WA 98121

Office of the Registrar
City University of Seattle
521 Wall Street
Seattle, WA 98121

Endorsement Specialist
Leanna Aker
c/o Janea Johnson
1145 Broadway Plaza, Suite 600
Tacoma, WA 98402
Phone: 253-896-3220



CityUniversity

of Seattle

ENDORSEMENT PROGRAM AGREEMENT OF UNDERSTANDING

For candidates seeking an **Endorsement Only** for teaching in:

- **Special Education**
- **K-8 Elementary Education**
- **English Language Learners**
- **Reading**

(These programs are not required by Washington State, but they prepare students for the tests needed to earn the respective endorsements.)

- **Middle Level Math**
- **Math**

For candidates who are seeking an **Endorsement Only**, please read, sign, and date below:

- I recognize that acceptance into the Endorsement Only program does not guarantee recommendation to OSPI for the endorsement.
- I understand that Endorsement only courses require access to P-12 students who are receiving instruction in the endorsement area.
- I acknowledge that I must pass the WEST E/NES exam requirement to be recommended to the State of Washington for the endorsement.
- It is my responsibility to prepare and pass the WEST E/NES exam before I am permitted to engage in a practicum/internship.
- I must successfully complete all required courses offered in the Endorsement Only plan of study with a minimum of 2.0 in each course before I am permitted to engage in any practicums/internships.
- I am expected to work with my building principal, (or a current building principal if I am not currently teaching in a school), and a CityU Field Supervisor, for completion of the required internship/practicum hours.
- I acknowledge that my teaching certificate and fingerprint clearance must be current before I can begin any internship/practicum in a school.
- For Special Education only, I understand there is an additional requirement to provide evidence of Literacy and Math Teaching Methods courses.

I have read and accept the above conditions for entering the Endorsement Only Program.
Please return this document with your application.

Name: _____ Date _____



CityUniversity

of Seattle

ENDORSEMENT ONLY PROGRAM

Principal Letter of Support

Applicant Name: _____

School Name: _____

District: _____

Dear Building Principal,

The candidate named here is applying to the **Endorsement Only** program at City University of Seattle to add an endorsement to his/her teaching certificate in (*candidate- please check the endorsement you are applying for*)

- Special Education**
- K-8 Elementary Education**
- English Language Learners**
- Reading**

(These programs are not required by Washington State, but they prepare students for the tests needed to earn the respective endorsements.)

- Middle Level Math**
- Math**

Please review the candidate's request to apply for this endorsement and initial acknowledgment of the following.

_____ **I recommend this candidate as having a high likelihood of being successful to add the above endorsement to his/her teaching certificate.**

The candidate will need support of his/her endorsement program by the building principal in the following ways:

- Provide identification of model classrooms, in the endorsement area, in a variety of settings for candidate to visit.
- Provide a cooperating teacher, and classroom observation and teaching opportunities, for the practicum/ internship in the endorsement area.

Building Principal Printed Name: _____

Building Principal email: _____

Building Principal Signature: _____

Principals are welcome to contact the Endorsement Specialist with any questions:

Leanna Aker
Endorsement Specialist • laker@CityU.edu • 253.896.3223