1) Transcripts

☐ Have your official transcripts sent to:

Registrar’s Office
521 Wall St., Suite 100
Seattle, WA 98121

Transcript request form available online at www.cityu.edu/forms.

2) Admission Application

Complete the application for admission to City University of Seattle (online at www.cityu.edu/forms or by contacting an advisor at 888.422.4898 or info@cityu.edu) and submit the application and application fee to the site nearest your location listed below. (Teachers wishing to enter the Master’s in Education program in addition to the Professional Certificate Program will also need to complete the requirements for the M.Ed. Admission Portfolio).

Tacoma: 3700 Pacific Hwy E, Suite 112 • Fife, WA 98424 • 800.345.9056
Seattle: 521 Wall St., Suite 100 • Seattle, WA 98121 • 800.426.5596
Vancouver: 12500 SE 2nd Circle, Suite 200 • Vancouver, WA 98684-6028 • 800.474.6850
Everett: 1000 SE Everett Mall Way, Suite 101 • Everett, WA 98208 • 800.474.6849

3) Recommendations and Verifications

All applicants please submit the following materials for the Professional Certificate Program to:

Professional Certificate, Gordon Albright School of Education
521 Wall St., Suite 100
Seattle, WA 98121

Professional Certificate, Gordon Albright School of Education
12500 SE 2nd Circle, Suite 200
Vancouver, WA 98684

☐ 1. The School District Verification of Employment and Recommendation for Admission to the Pre-Assessment Seminar form.


☐ 3. The Verification of Provisional Status / Employer Support form. The candidate’s Human Resources department must submit this form before the candidate is eligible to begin EPC 502, the Professional Growth Core.
Professional Certificate School District Verification of Employment and Recommendation for Admission to the Pre-assessment Seminar

Instructions to the candidate: Candidates applying for entry into the pre-assessment seminar (EPC 501) must document that they are a teacher in good standing in a public or a state board of education approved private school and that the school district recommends their admission to the pre-assessment seminar.

Part 1: to be completed by the candidate:

Name ____________________________________________________________

Last     First     Middle     Maiden/Former if applicable

Address ____________________________________________________________________________________________

City                      State/Province       Country       Postal Code

Day Phone (______)_________________________   Evening Phone (______)_________________________

E-mail ____________________________________________________________

Part 2: to be completed by employer, or his/her designee, where candidate is employed as a teacher:

Based on personal records, this statement must be prepared and signed by the superintendent or the personnel director of the school district or private school. Please return the completed form directly to the candidate.

School District/Private School:

Address ____________________________________________________________________________________________

City                      State/Province       Country       Postal Code

Day Phone (______)_________________________   Evening Phone (______)_________________________

E-mail ____________________________________________________________

The signature below verifies that this candidate currently is a contracted teacher with our school district/private school and is recommended by the District for admission to the pre-assessment seminar for the Professional Certificate program.

Printed Name: ____________________________________________________________  Title:________________________________________________

Signature: ____________________________________________________________  Date:________________________________________________
Use this form to verify: (1) completion of provisional status employment or (2) support for an individual to enroll in the Professional Certificate program, if the individual has not completed provisional status employment.

**SECTION A**

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY CANDIDATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NAME LAST FIRST MIDDLE MAIDEN/FORMER NAME</td>
</tr>
<tr>
<td>2. ADDRESS</td>
</tr>
<tr>
<td>3. DATE OF BIRTH</td>
</tr>
<tr>
<td>4. CITY/STATE/ZIP</td>
</tr>
<tr>
<td>5. SOCIAL SECURITY NO (OPTIONAL)</td>
</tr>
<tr>
<td>6. TELEPHONE Business ( ) Home ( )</td>
</tr>
<tr>
<td>7. WA CERTIFICATE NO.</td>
</tr>
<tr>
<td>8. E-MAIL ADDRESS</td>
</tr>
</tbody>
</table>

Complete Part 1 OR Part 2 only.

**SECTION B**

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY EMPLOYER SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1. Verification of completion of Provisional Status Employment.</td>
</tr>
<tr>
<td>(Name of Teacher Candidate) employed as a teacher in the</td>
</tr>
<tr>
<td>(Name of school district, approved private school, or state agency)</td>
</tr>
<tr>
<td>providing educational services for student, completed provisional status employment on __________________________</td>
</tr>
<tr>
<td>(Date)</td>
</tr>
<tr>
<td>(Signature of Superintendent or Personnel Director) (Title) (Date)</td>
</tr>
</tbody>
</table>


Based on our knowledge/evaluation of this teacher candidate, we believe (Teacher Candidate’s Name) employed as a teacher in the (Name of school district, approved private school, or state agency providing educational services) approved private school, or state agency providing educational services to students, is ready to benefit from the professional growth activities contained in the Professional Certificate program and we support his/her enrollment in the Professional Certificate program at __________________________ College or University. (Name of college/university)

(Signature of Superintendent or Personnel Director) (Title) (Date)