



Preparing thoughtful, knowledgeable, and effective educators for a diverse society

APPLICATION
ELEMENTARY EDUCATION ENDORSEMENT PROGRAM
WOODRING COLLEGE OF EDUCATION

516 High Street • Bellingham, WA 98225-9051
Phone 360/650-6292 • Fax 360/788-0692

PLEASE PRINT OR TYPE ALL INFORMATION

PART ONE • PERSONAL INFORMATION

To which site are you applying?

Quarter / year applying

Bellingham Bremerton Everett Seattle

WWU student number

Do you intend to apply to WWU? Yes No

Name Last First Initial Former name (if any)

Social Security Number Optional Date of Birth

Contact address Street City State Zip

Contact telephone Email address
(WWU students update address/phone at the Registrar's Office at 360/650-7773 or on-line at WWU's Web for Students)

Current endorsements

Current Teaching Certificate State Certificate #

All prior college(s) attended - You are required to submit a copy of transcripts from institution(s) listed below.

Table with 4 columns: Institution, Dates attended, Degree/Certificate, Month/Year of completion

PART TWO • DESCRIPTION OF EXPERIENCES

Description of teaching experience

Please attach a detailed description of relevant experiences and summarize your activities below.

- Large-group experiences (entire class or 10 or more students):

Table with 4 columns: Dates to/from, Description of experience, Age & grade range of group, Contact person for verification (address, daytime telephone)

Students will be evaluated on the information provided in this application.

### PART THREE • CERTIFICATION OF APPLICATION

Please complete the following as you assemble your application:

- Copy of Valid Teaching Certificate
- Unofficial Copy of all College Transcripts (except for WWU coursework taken after Fall 1986)
- Signed Student Conduct Agreement form

### PART FOUR • CERTIFICATION OF APPLICATION

Please read the following statements and sign below:

I understand that admission to Woodring teacher education programs is competitive and that meeting the minimum admission standards does not guarantee acceptance into my chosen program. I certify that all statements contained herein are true and accurate. I also understand there may be additional steps that must be taken after acceptance, which must be completed before my admission will be considered final.

I certify by my signature below that I understand that retention in the program is contingent upon my maintaining a minimum quarterly grade point average of 2.75; that this requirement begins with the term following receipt of my acceptance letter; and that this requirement holds whether I am taking education coursework or not.

I also understand that acceptance into the program and completion of the program does not guarantee granting of a Washington State Elementary Education Endorsement.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date of Application*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Student number*

**Elementary Education Endorsement advisors reserve the right to request an interview.**

## APPLICATION INFORMATION

### Priority Deadlines:

**Fall: March 1**

**Winter: October 1**

**Spring: January 15**

**Summer: March 1**

### Send application materials to:

Elementary Education Endorsement Program  
Teacher Education Outreach Programs  
Western Washington University  
516 High Street  
Bellingham, WA 98225-9051

Western Washington University is committed to ensuring that all programs and activities are readily accessible to all eligible persons without regard to race, color, religion, national origin, sex, age, disability, marital status, sexual orientation, Vietnam-era veteran status, or disabled veteran status. Information contained within this application is accurate at the time of its preparation; however, such information may change, and it is the responsibility of the student to check on current validity at the time of application. Persons with disabilities needing assistance in the application process or requiring alternate formats of this application may contact Teacher Education Admissions at 360/650-3378. Persons with speech or hearing impairments may contact the Washington State TDD Relay System at 1-800/833-6388.