

Professional Administrator's Certification Program 2009-10

Required Information

Name: <i>Please print</i> (Last, First, M.)		Previous Name:	WWU Student #:	
Mailing Address:		City:	State:	Zip:
Day Phone:	Home Phone:	E-mail Address:		
<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: MM/DD/YY	Social Security # (optional):		
Previous application or attendance at WWU? <input type="checkbox"/> No <input type="checkbox"/> Yes, Quarter _____ Year _____	Are you currently a Washington State resident? <input type="checkbox"/> No <input type="checkbox"/> Yes, from: _____ to _____ <small>Mo/Yr Mo/Yr</small>	Check one: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> U.S. permanent resident <input type="checkbox"/> Non U.S. resident <input type="checkbox"/> Other If you are not a U.S. citizen and live in the U.S., list Resident Alien number or country and U.S. visa type along with date granted:		

Optional Information What race/ethnicity do you consider yourself? *Check all that apply. Please specify if you indicate "Other."*

Asian American: <input type="checkbox"/> "Asian Indian (4A/600) <input type="checkbox"/> "Cambodian (4C/604) <input type="checkbox"/> "Chinese (4C/605) <input type="checkbox"/> "Filipino (4K/608) <input type="checkbox"/> Japanese (4J/611) <input type="checkbox"/> Korean (4K/612) <input type="checkbox"/> Vietnamese (4V/619) <input type="checkbox"/> Thai (4T/618) <input type="checkbox"/> Laotian (4L/613)	Pacific Islander: <input type="checkbox"/> Native Guamanian (660) <input type="checkbox"/> Hawaiian (4H/653) <input type="checkbox"/> Samoan (4S/655) <input type="checkbox"/> Other: _____ <hr/> <input type="checkbox"/> Native American (5N/597) Tribe: _____ Are you an enrolled member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hispanic or Latino origin: <input type="checkbox"/> Mexican/Mexican American/ Chicano (3M/722) <input type="checkbox"/> Cuban (3C/709) <input type="checkbox"/> Puerto Rican (3P/727) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Black/African American (2/870) <input type="checkbox"/> Caucasian or White (1/800/999) <input type="checkbox"/> Aleut (5A/941) <input type="checkbox"/> Inuit (SE/935) <input type="checkbox"/> Multi-racial: _____
---	--	---	--

COURSE TITLE	CREDITS	FACILITATION FEE
Professional Administrator's Certification Program	<i>Non-Credit</i>	\$1000
<i>Note: Payment must be included at time of registration and registration/ payment deadline is September 15, 2009</i>		

X _____
Student Signature _____
Date

I understand that by submitting this form, I am incurring a legal debt to WWU and will not be released from that debt unless I follow required schedule change procedures and deadlines, and I am responsible for obtaining all such information. **If extenuating circumstances arise which necessitate my withdrawal from this program, and with approval by the Educational Administration program director, tuition will be refunded less a \$50 processing fee by writing EESPRegistration@wwu.edu by September 30, 2009.**

▼ **Payment Methods (U.S. Fund Only)** ▼ *Payment must be submitted with registration.*

<input type="checkbox"/> Institutional PO# _____ Mail to WWU ► <input type="checkbox"/> Check/Money Order – Payable to WWU / Mail to WWU ► <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard ► Payment Secure Fax # (360) 788-0854 Card Number: _____ Card Holder Name: _____ Expires (MO/YR): _____ Card Holder Signature: _____	WWU – EESP, MS-5293 516 High Street Bellingham, WA 98225	<input type="checkbox"/> Fall 2009 FOR OFFICE USE ONLY FSAPC G105 EESP-SCS Staff <input type="checkbox"/> Verify Receipt <input type="checkbox"/> Receipt/Confirm: email / usps <input type="checkbox"/> Enter in Cosmos <input type="checkbox"/> Copy to EDLD <input type="checkbox"/> File in binder <input type="checkbox"/> Other
--	---	--

Credit Card Payments Only May Be Sent to the Secure Fax WWU-EESP Cashier, (360) 788-0854

For registration/payment information:
e-mail: eesp.registration@wwu.edu
Phone: (360) 650-3308
Secure Fax: (360) 788-0854

For program/curricular information:
Judy Gramm, Program Manager
Judy.Gramm@wwu.edu
Phone (360) 650-3708