



Extended Education & Summer Programs
Professional Certification
2009-2010

- Summer Winter
 Fall Spring

Year: _____

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: M/D/Y _____	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: _____ <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: _____
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Registration Information:

Professional Certification Portfolio Review	\$50
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X _____
 Student Signature Date

*YOU ARE INCURRING A LEGAL DEBT! 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. It is my responsibility to obtain information regarding University registration/withdrawal policy.

PAYMENT INFORMATION (U.S. Funds Only)! Payment must be included.

<input type="checkbox"/> Agency Institutional PO attached <input type="checkbox"/> Check/Money Order payable to WWU <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Expiration Date: _____ Card Number: _____ Signature: _____

FOR OFFICE USE ONLY FSPCBX G105
