

Application for a Washington Residency Teaching Certificate Through CENTRAL WASHINGTON UNIVERSITY

NAME:	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME:
ADDRESS:				DATE OF BIRTH:
CITY/STATE/ZIP				SOCIAL SECURITY NO. (OPTIONAL)
TELEPHONE:				E-MAIL:
BUSINESS: ()		HOME: ()		

Have you ever held a Washington certificate or permit authorizing teacher or other educational service in the schools of Washington? NO _____ YES _____ CERTIFICATE # _____

When do you plan to student teach? QUARTER _____ YEAR _____

At the end of which quarter do you expect to have all requirements met for the teaching certificate? QUARTER _____ YEAR _____

What teaching endorsements do you expect to receive on your teaching certificate? _____

NONEDUCATIONAL EXPERIENCE

Employer	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone No.	
Employer	Dates of Employment	Name and Address of Immediate Supervisor
Position	Telephone No.	

List the name of every community college, undergraduate, and graduate institution you have attended in the space below

Institution	Location (City/State)	Dates Attended		Degree Granted	Post BA Credits Earned	
		FROM	TO		SEM	QTR

Attach additional sheets if necessary

AFFIDAVIT

I, _____, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing and all information included in this application is true and correct. If the answers to any question on the application or the character and fitness section of the application change prior to my being granted certification, I must immediately notify the CWU Certification Office.

Signature

Date

City/State