Central Washington University

LEARN. DO. LIVE.

APPLICATION and REQUEST FOR ENDORSEMENT ONLY CREDIT EVALUATION

NAME: _____ DATE: _____

ADDRESS: _____
Street Address City State Zip

DATE OF BIRTH: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

Washington State Teaching Certificate Number: _____

For which ENDORSEMENT(S) are you seeking an evaluation?_____

_____

Colleges you have attended and dates of attendance:

College	Dates of Attendance

Please return this form, **unofficial** transcripts (only if applicable to desired endorsement), and a $40 check made payable to CWU to:

CWU Teacher Certification Office
400 East University Way
Ellensburg, WA 98926-7414