

Center For Excellence In Teaching
WILLAMETTE UNIVERSITY SCHOOL OF EDUCATION



"Not unto ourselves are we born"

SPECIAL EDUCATION ENDORSEMENT PROGRAM
APPLICATION FORM

Please return to: Center for Excellence in Teaching, Willamette University School of Education, 900 State St, Salem OR 97301.

CONTACT INFORMATION

Legal Name _____
Last First Middle (*initialize name not used*)

Usually Called _____ **Sex (✓):** M ___ F ___

Permanent Mailing Address _____
Number and Street

City or Town State Zip Code

Phone # _____ (h) _____ (w)

E-mail Address _____ (h) _____ (w)

Birth Date _____ **Year Received Initial License** _____

School Mailing Address (if regular school employee) _____
(School Name)

City or Town State Zip

Subject You Teach _____ **Grade Level** _____

Social Security Number _____ (*required by the Registrar's Office*)

The following items are optional:

How would you describe yourself? (please check one)

- American Indian or Alaskan Native Hispanic American (including Puerto Rican)
 African American White, Anglo, Caucasian American
 Asian American or Pacific Islander (including Indian subcontinent)
 Multiracial (please specify) Other

Marital Status _____ **Male** ___ **or Female** ___

Any required physical accommodation(s) _____

EDUCATION

Please list below, all institutions from which you earned a degree and/or received teaching license training, starting with the most recent.

Name of Institution	Location (City, State)	Dates Attended	Degree Earned	Major/Minor

From which institution did you receive your initial license training? Submit one official transcript from:

PAST WORK EXPERIENCE

Specific Nature of Work	Ages/Grade Levels of Children/Youth Under Your Care (if applicable)	Employer and Telephone #	Approximate Date of Employment	Types of Responsibilities

REFERENCES

List the information below for three persons who are employed by an educational or social agency, who were (are) your immediate supervisors in a paid or volunteer experience, and who can attest to your competence to work with school-aged children or youth and/or in other educational settings. These forms must be completed within two years of your acceptance into a program. Letters of recommendation may be used in lieu of these forms, if they are within the two-year limit. *If using the CET Special Education Endorsement program recommendation forms, please give one to each of these people, with a stamped envelope addressed to: Center for Excellence in Teaching, Willamette University School of Education, 900 State St, Salem OR 97301.*

Name	Job Title	Address	Telephone #(s)	E-Mail Address(es)

All the following application materials must be submitted before determination for a program can be made:

- This application
- A copy of your most recent Oregon teaching license
- An official transcript from the institution where you received your initial license
- Three recommendations (form or letters within two years of program admission)

My signature below indicates that all the information contained in my application is factually correct and honestly presented to the best of my ability.

Signature _____ **Date** _____

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No action will be taken on the candidate’s application until we receive all application materials.

Willamette University seeks to be a diverse community and to provide equal opportunity in its educational programs and activities, and in employment. In keeping with the letter and spirit of federal and state laws, the institution is committed to not discriminate on the basis of race, color, religion, sex, national origin, disability, age, marital status, or sexual orientation. Questions regarding the university’s equal opportunity policies and practices may be directed to the Assistant to the President, Willamette University, 900 State Street, Salem Oregon 97301.

