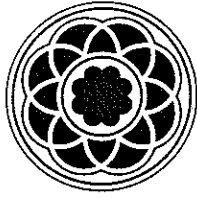


APPLICATION FOR  
ADD-ON ENDORSEMENT



## Pacific Lutheran University

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**To begin the add-on endorsement process, you must fulfill the following requirements:**

1. **Complete application for add-on endorsement** (attached).
2. **Complete the enclosed state application for endorsement forms 4422 and 1535 for pathway II and 1535 for pathway III.**
3. **For Pathway II only, you must submit:**
  - a. **Passing score on the WEST-E/Praxis II exam** ([www.ets.org/praxis/prxwa.html](http://www.ets.org/praxis/prxwa.html)).
  - b. **A district letter stating the following:**
    - i. **Verification of 90 days experience in current endorsement area.**
    - ii. **They support you adding on this endorsement, and will provide a placement, so that you can meet all standards on the state's pedagogy assessment.**
4. **Submit official transcripts.**
5. **Submit a copy of your Valid Teaching Certificate.**
6. **Submit a current resume.**
7. **Submit two letters of recommendation** from professionals who have observed your experience and ability.
8. **Submit \$40 non-refundable processing fee.**

**Additional documentation may be requested throughout the endorsement process.**

*Submit application materials to:*

Office of Admissions  
Pacific Lutheran University  
Tacoma, WA 98447

1-800-274-6758  
(253)535-7151  
Fax: (253) 536-5136  
[admissions@plu.edu](mailto:admissions@plu.edu)  
[www.plu.edu](http://www.plu.edu)

**(KEEP THIS PAGE AS YOUR CHECKLIST)**

*For more information contact:*

School of Education  
Pacific Lutheran University  
Tacoma, WA 98447

(253) 535-7272  
Fax: (253)535-7184  
[educ@plu.edu](mailto:educ@plu.edu)  
[www.plu.edu/~educ](http://www.plu.edu/~educ)



## Endorsement Information

18. Intended endorsement area of study:

## Additional Information

19. Describe any special circumstances you believe should be considered in connection with this application (if necessary, attach additional page referencing name and SSN.)

## Signature

I understand failure to submit complete official transcripts from all schools, colleges, or universities attended may result in the denial of this application or my subsequent dismissal from this institution. I certify that to the best of my knowledge, all statements I have made in this application are complete and true. Permission is hereby given to release appropriate test score and academic records requested by Pacific Lutheran University.

NAME OF APPLICANT (PRINT)

SIGNATURE OF APPLICANT

DATE

*Pacific Lutheran University subscribes to the principles and laws of the State of Washington and the federal government, including applicable executive orders pertaining to civil rights. This institution is committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, disabling conditions, race religion, gender or sexual orientation.*

## Statement of Character and Signature

Applicants to PLU must present evidence of good character in order to be accepted for admission. In accordance, do you certify that you have not been convicted of a felony or gross misdemeanor, and that you do not have a case pending against you at this time?

- Yes I so certify.  
 No If no, please attach written details with your application.

I understand failure to submit complete official transcripts from all schools, colleges, or universities attended may result in the denial of this application or my subsequent dismissal from this institution. I certify that to the best of my knowledge, all statements I have made in this application are complete and true. Permission is hereby given to release appropriate test score and academic records requested by Pacific Lutheran University.

NAME OF APPLICANT (PRINT)

SIGNATURE OF APPLICANT

DATE

### SCHOOL OF EDUCATION OFFICE USE ONLY

- Endorsement Fee Paid \_\_\_\_\_ Date \_\_\_\_\_
- OSPI Form: 1522 A, E, F Received \_\_\_\_\_
- Recommended to OSPI \_\_\_\_\_ Date \_\_\_\_\_
- Date Received new certificate \_\_\_\_\_

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Professional Education and Certification  
 Old Capitol Building, PO BOX 47200  
 OLYMPIA WA 98504-7200  
 (360) 725-6400 TTY (360) 664-3631  
 Web Site: <http://www.k12.wa.us/cert/>  
 E-Mail: [cert@ospi.wednet.edu](mailto:cert@ospi.wednet.edu)

## PATHWAY 2 PEDAGOGY ASSESSMENT/ EMPLOYER SUPPORT VERIFICATION

Use this form to verify support for an individual seeking a pathway 2 endorsement, by providing an opportunity and setting for a pedagogy assessment in the desired endorsement area.

### SECTION A

TO BE COMPLETED BY CANDIDATE				
1. NAME	LAST	FIRST	MIDDLE	MAIDEN/FORMER NAME
2. ADDRESS			3. DATE OF BIRTH	
4. CITY/STATE/ZIP			5. SOCIAL SECURITY NO (OPTIONAL)	
6. TELEPHONE		7. WA CERTIFICATE NO.		8. E-MAIL ADDRESS
Business (      )		Home (      )		
9. ENDORSEMENTS ALREADY HELD			10. DESIRED ENDORSEMENT	
			11. CERTIFICATE NUMBER	

### SECTION B

TO BE COMPLETED BY EMPLOYER SUPERINTENDENT OR PERSONNEL DIRECTOR ONLY	
<p><b>Statement Supporting the Teacher's Pedagogy Assessment in the Desired Endorsement Area</b></p> <p>Based on our knowledge/evaluation of this teacher candidate, we support _____,  <span style="float: right;">(Teacher's name)</span></p> <p>employed as a teacher in the _____ School District,  <span style="float: right;">(Name of school district, approved private school, or state agency providing educational services)</span></p> <p>approved private school, or state agency providing educational services to students, in seeking the following additional endorsement:              _____,  <span style="float: right;">(Desired endorsement)</span></p> <p>_____ College or University may conduct the assessment.  <span style="float: right;">(Name of college/university)</span></p>	
NAME OF SCHOOL DISTRICT/ESD/PRIVATE SCHOOL	DATE
ADDRESS	
CITY/STATE/ZIP	
TELEPHONE	NAME (PRINTED)
(      )	
SIGNATURE AND TITLE	

