



Program

- Undergraduate
- Teaching Certificate Only
- Added Endorsement
- STAR Teaching Certificate

Location

- Lacey Campus
- JBLM
- Centralia
- TCC

Level

- Elementary
- Secondary
- Special Education

Applying for

- Spring 20__
- Summer 20__
- Fall 20__
- JBLM Term __ 20__

Personal Information

First Name

Middle Name

Last Name

Former Last Name

Social Security Number

Date of Birth

Nickname

Contact Information

Mailing Address

City

State

Zip Code

Physical Address

City

State

Zip Code

Email Address

Home Phone

Cell Phone

Demographic Information

Citizenship

Country of Birth

Veteran Status

Religion

International Students

VISA

TOEL Score

Gender

- Male
- Female

Are you of Hispanic/Latino ethnicity or decent?

- Yes
- No

If no, select one or more races with which you identify:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White



How did you hear about us?

- | | | |
|--|---|--|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Campus brochure |
| <input type="checkbox"/> SMU website | <input type="checkbox"/> Alumni | <input type="checkbox"/> Faculty member |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Other _____ |

Educational History

Institution Name	Degree	Curriculum	Graduation Year	GPA

Endorsements (Two Minimum)

1. _____ 2. _____

Relatives Affiliated with Saint Martin's University

First Name	Last Name	Relationship	Connection to SMU

Emergency Contact

First Name	Last Name	Relationship	Phone Number

School Policy

I have read and understand the entire application. By signing, I certify that all answers are true, correct and complete. I agree to all stipulations and deadlines. I understand that untruth or misleading answers are cause for rejection of my application, or if a violation is discovered after admission, I may be disqualified for scholarships, suspended or expelled from the University, or have my conferred degree revoked.

Signature

Date