



**UNIVERSITY
of ALASKA
SOUTHEAST**

ALASKA COLLEGE
OF EDUCATION

University of Alaska Southeast
Alaska College of Education
Attn: Student Services Assist.
11066 Auke Lake Way, HA 2
Juneau, AK 99801-8625
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REQUEST FOR ADMISSION: ENDORSEMENT AREA

Distance Teaching and e-Learning
 K-8 Education
 Superintendent

PERSONAL:

Full Legal Name:			
	(Last)	(First)	(Middle Initial)
Previous Names:			
Current Mailing Address:			
	(Street or PO)	(City)	(State) (Zip)
Telephone No.:			
	(Day)	(Evening)	(Cell)
E-mail Address:			

EDUCATIONAL QUALIFICATIONS:

Name of College/University	City/State	Dates Attended	Degrees Earned/Grad. Date

Current Alaska Teaching Certificate:

_____ Certificate No. _____ Expiration Date

TERM:

Applying For: Summer, 20 Fall, 20 Spring, 20

AGREEMENT:

I certify that the above statements are correct and complete, and, if admitted, I agree to abide by the published policies, rules, and regulations of the University of Alaska Southeast. I further understand that from the time I file my application with the University, it is my responsibility to know all the rules, requirements, and exemptions from my intended program.

Signature: _____ Date: _____

It is the policy of the University to provide equal education and employment opportunities, and to provide services and benefits to all students and employees without regard to race, color, religion, national origin, sex, age, disability, or status as a Vietnam-era or disabled veteran.

Send or E-mail to:
Above address or
e.g@alaska.edu