

# Professional Technical Education & Instructional Design

Bachelor of Applied Science Program



## APPLICATION FOR ADMISSION

*Applications received after the first review will be accepted and reviewed on a space available basis.*

Contact the BAS Programs Office for more information:

Phone: (206) 934-6783

Fax: (206) 934-7949

Email: [TeachTech-SSC@seattlecolleges.edu](mailto:TeachTech-SSC@seattlecolleges.edu)

*Updated: June 2017*

## Application Instructions

Admission to the program is competitive. Meeting minimum requirements does not guarantee admission as the number of qualified applicants may exceed the number of available enrollment spaces. All documents must be submitted before an application will be reviewed.

### STEP 1 – Student Identification Number (SID)

**\*\*Note:** *skip step 1 if you have a SID issued by South Seattle College. If you already have an SID, indicate that number on the application form.*

- **United States Citizens and Permanent Residents:** If you do not have an SID issued by 1 of the 3 colleges listed above, go to <http://tinyurl.com/sscc-online-app> and complete the college's web admissions process. Once the online application is submitted, you will receive a SID via email within 24 hours

### STEP 2 – Application Form

The application form enclosed in this packet must be filled out completely. Applications will not be accepted without a Student Identification Number.

**\*\*Note:** *the enclosed Application Form is for admission to the BAS program. This is required in addition to completing STEP 1.*

### STEP 3 - Industry Experience Verification Form

Applicants must demonstrate that they have worked in a professional environment for at least 2 years. Verification of current or past employment is required.

### STEP 4 – Transcript Evaluation Request Form

The Transcript Evaluation Request Form enclosed in this packet must be filled out completely. Be sure to list the names of ALL colleges you have attended including South Seattle College if applicable.

### STEP 5 – Official Transcripts

In order to be considered for admission, South Seattle College must receive official transcripts from ALL colleges listed on the Transcript Evaluation Request Form.

**\*\*Note:** *unofficial transcripts including opened official transcripts will not be accepted. Official transcripts do not need to be ordered from North Seattle College, Seattle Central College, or South Seattle College.*

### STEP 6 – Application Fee

A non-refundable Application Fee of **\$35.00**, payable to “**South Seattle College BAS Program**” is required. **\*\*Note:** *the Application Fee cannot be waived for any applicant. DO NOT SEND CASH.*

### STEP 7 – Personal Statement

We want to get to know you! In 2-3 pages double-spaced, discuss:

- Your teaching experience(s). If you have not taught at a college, address any supervisory or mentor experiences you have had.
- Your personal and professional goals. What do you hope to achieve?
- Any advanced certifications you already possess and how they will help you in the program.
- Unique attributes you bring to the program.
- How you plan to balance the requirements of this program with other priorities such as work and/or family responsibilities.
- Any special considerations that you believe will make you a good candidate for the program.

*South Seattle College does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability, or status as a disabled or Vietnam era veteran.*

## ❑ STEP 8 – Letters of Recommendation (2)

A minimum of 2 Letters of Recommendation must be from individuals who personally know your work (such as your current or past supervisor), that discuss your contributions to your workplace and how he/she believes you will benefit from completion of the BAS program. If you are applying for this program immediately after completing an associate degree program, the letters of recommendation may be from your instructors on college letterhead.

**\*\*Note: All letters of recommendation must include the recommender's name and contact information. Applications will not be considered without a minimum of 2 recommendation letters**

## ❑ STEP 9 – Submit Application

All application materials must be addressed to:

**Attn: BAS Programs Office**

South Seattle College

6737 Corson Ave. S.

Seattle, Washington 98108

You may also email your application to [TeachTech-SSC@seattlecolleges.edu](mailto:TeachTech-SSC@seattlecolleges.edu) or fax at (206) 934-7949, Attn: BAS Programs.

## ❑ STEP 10 – Plan your Finances

The Washington State Board of Community and Technical Colleges regulates tuition rates for all colleges offering bachelor's degrees. Please check here for current the current tuition schedule: <http://www.southseattle.edu/financial/tuition.aspx>

- **Review the financial aid website at <http://southseattle.edu/finaid/forms.htm>** and submit your FASFA at <http://www.fafsa.ed.gov>.
- **Research and submit scholarship applications** – Check with your current employer to inquire about possible tuition reimbursement programs or scholarships. Additionally, many external agencies offer teacher education scholarships. It is the applicant's responsibility to ensure that they meet scholarship criteria and apply to these by the individual deadlines posted.
- Apply for the **Scholarships through the Foundation** application online at: [https://southseattle.academicworks.com/users/sign\\_up](https://southseattle.academicworks.com/users/sign_up)

**\*\*Note: Financial aid applications are typically due 4-6 months prior to your start date. Be sure to apply for the anticipated starting quarter of financial aid when you apply to the BAS program so you do not miss any important deadlines.**

# Application Form

Remember:

- ✓ Please type or print legibly with a black or blue pen
- ✓ Enclose the application fee of \$35.00 with SID number written or typed on it. Checks should be made payable to “South Seattle College, BAS-PTEID” (do not mail cash).

## SECTION 1 - PERSONAL INFORMATION

First Name	Middle Initial	Last Name		
Address, including apartment number		City	State	Zip Code
Day Phone	Cell Phone		Evening Phone	
Date of Birth (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
E-mail Address		Previous Names 1. _____ 2. _____		
Student Identification Number (SID)	If you do not already have an SID number, go to <a href="http://tinyurl.com/sscc-online-app">http://tinyurl.com/sscc-online-app</a> and apply online. Once you finish the online application, you will be given an SID number.			

## SECTION 2 – COLLEGE ENROLLMENT HISTORY, COURSE PLANS, WORK EXPERIENCE

Year and quarter you plan to start? _____ QUARTER, 20_____	Are you the first generation in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
College, vocational, or technical school attended	City and State	Program of Study	Did you graduate? <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No	
College, vocational, or technical school attended	City and State	Program of Study	Did you graduate? <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No	
College, vocational, or technical school attended	City and State	Program of Study	Did you graduate? <input type="checkbox"/> Yes Year _____ <input type="checkbox"/> No	

**List any additional colleges and vocational/technical schools on a separate sheet of paper and attach. Please have official transcripts sent to SSC as directed in the application checklist.**

**SECTION 3 – MILITARY, APPRENTICESHIP, JOURNEYMAN, TRADE, WORK EXPERIENCE**

Professional experience (List company/government agency/organization/trade association, and position title)	City and State	Years (YY) From:  To:
Professional experience (List company/government agency/organization/trade association, and position title)	City and State	Years (YY) From:  To:
Professional experience (List company/government agency/organization/trade association, and position title)	City and State	Years (YY) From:  To:

**\*\*List any additional information from Section 2 and Section 3 on a separate piece of paper and attach\*\***

**SECTION 4 – OTHER**

***Check all that apply***

*How did you hear about the Bachelor of Applied Science in Professional Technical Education & Instructional Design program at South Seattle College?*

Family / Friend    SSC Website    Internet Search    Transfer or Job Fair    College Advisor    Someone at Work

Other: \_\_\_\_\_

**SECTION 5 – VOLUNTARY DEMOGRAPHIC INFORMATION**

Demographic information from our students is completely voluntary, so if you would please fill out the following information, it is greatly appreciated. All information is kept confidential and is only reported in aggregate form (without names).

**Gender**                       FEMALE                       MALE

**Veteran’s Status**

Are you a U.S. Military Veteran?                       Yes                       No

Are you active duty military?                       Yes                       No

**Race/Ethnicity**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islanders
- Other Non-White
- White

***I certify to the best of my knowledge that all statements on this form are true.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*South Seattle College does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability, or status as a disabled or Vietnam era veteran.*

# Industry Experience Verification

This petition for prior work experience is only valid for perspective students applying to the Bachelor of Applied Science in Professional Technical Education & Instructional Design program at South Seattle College.

## APPLICANT INFORMATION

Applicant Name:		Total # Years of Teaching Experience:	
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## 1) EMPLOYMENT INFORMATION

*Provide all requested information below for each company you have worked at over the past 2-5 years. If your supervisor at the time of employment is no longer with the company, list the current Human Resources contact. Attach a separate piece of paper if you require more space.*

### EMPLOYER #1

Company Name:			
Address:		City, State, Zip:	
Supervisor Name:		Title:	
Supervisor Phone:		Email:	

### EMPLOYER #2

Company Name:			
Address:		City, State, Zip:	
Supervisor Name:		Title:	
Supervisor Phone:		Email:	

## 2) PROOF OF EXPERIENCE

*In order to verify your industry experience you must provide proof of employment. **Any** of the following documents will be accepted: (1) original timesheets, (2) original paystubs, (3) Federal tax forms, (4) a letter on company letterhead from Human Resources indicating your dates of employment.*

3) APPLICANT VERIFICATION

*I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that in order to be eligible for acceptance into the program, proof of prior work experience must be a minimum of 2 years within the same industry.*

*I authorize investigation of all statements contained herein as may be necessary in arriving at a decision of admission to the program. If needed, I grant the above employer/site supervisor permission to release information regarding proof of my work experience to South Seattle College.*

*I hereby understand and acknowledge that South Seattle College reserves the right to not admit me into the Bachelor of Applied Science in Professional Technical Education & Instructional Design program if I do not meet the minimum requirements for eligibility and/or I cannot provide the necessary documentation for proof of experience.*

*In the event that I am admitted into the program, I understand that false or misleading information given in this Industry Experience Verification form will be disclosed to the administration in my program of study and disciplinary action will be taken, which may include but not be limited to termination from the program. I understand, also, that I am required to abide by all rules and regulations of the Bachelor of Applied Science in Professional Technical Education & Instructional Design program and South Seattle College.*

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## INCOMING ACADEMIC TRANSCRIPT EVALUATION REQUEST

**IMPORTANT NOTE:**

A request containing incomplete information will be returned to you via USPS, with no action taken. This will delay your evaluation and your application for financial aid.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Previous Name(s) (if applicable)

Requests containing incomplete information will be returned to you via USPS, with no action taken. This will delay your evaluation and your application for financial aid.

Have you, or will you be applying to receive Financial Aid? (Check one) YES  NO

If you are undecided about your program of study, please schedule an appointment for advising prior to submitting this request. You may call (206) 934-5387 to make an appointment.

Only official transcripts of students who have applied for admission and obtained a student ID number will be evaluated. Transcripts will be accepted via email directly from the recording college or in a sealed envelope if hand – carried. Three weeks approximate turnaround time for evaluation to be performed.

**If all transcripts have not been received within 90 days, this form will be returned to the student.**

Your transcripts from other colleges/universities will be evaluated toward the degree/certificate you choose as your goal. You will be notified of the results typically via email.

I have read the above statement. Signature /Date \_\_\_\_\_

**PROGRAM OF STUDY**

Associate of Art Degree (AA, AB, AS)       Associate of Science Degree: \_\_\_\_\_

Bachelor of Applied Science (BAS): Professional Technical Education & Instructional Design \_\_\_\_\_

Two Year Professional/Technical Program (AAS and AAST-circle one)  
Indicate specific program (DO NOT LEAVE BLANK) \_\_\_\_\_

Professional/Technical Certificate  
Indicate specific program (DO NOT LEAVE BLANK) \_\_\_\_\_

**Request is for evaluation from the following college/universities:**

\*\*\*NOTE: All transcripts listed below must be on file.\*\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are these transcripts on file at SSC? Yes  No  If not, date ordered: \_\_\_\_\_





PROFESSIONAL TECHNICAL EDUCATION &  
INSTRUCTIONAL DESIGN  
Bachelor of Applied Science

## REQUEST FOR LETTER OF RECOMMENDATION

The form is a template to help you write a letter of recommendation for a program applicant. Please print or type your comments on this form or on letterhead. Each letter of recommendation should be returned to the applicant and included in the application packet.

<b>Applicant's Name:</b>	<b>Student ID #:</b>
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Rate the applicant on the following attributes:

	Poor	Below Average	Average	Above Average	Superior
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow through on commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>How long have you know this applicant?</b>
<b>In what capacity have you worked with this applicant?</b>
<b>Why do you think this applicant should be accepted into the PTEID program?</b>
<b>Additional comments:</b>

**\*\*RECOMMENDER INFORMATION\*\***

<b>Name:</b>	<b>Company:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Signature:</b>	<b>Date:</b>



# PROFESSIONAL TECHNICAL EDUCATION & INSTRUCTIONAL DESIGN

## REQUEST FOR LETTER OF RECOMMENDATION

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<b>Applicant's Name:</b>	<b>Student ID #:</b>
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Rate the applicant on the following attributes:

	Poor	Below Average	Average	Above Average	Superior
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow through on commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>How long have you known this applicant?</b>
<b>In what capacity have you worked with this applicant?</b>
<b>Why do you think this applicant should be accepted into the PTEID program?</b>
<b>Additional comments:</b>

### \*\*RECOMMENDER INFORMATION\*\*

<b>Name:</b>	<b>Company:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Signature:</b>	<b>Date:</b>