SIMPSON UNIVERSITY

Attn: Admissions
2211 College View Drive
Redding, CA 96003
Phone: (530) 226-4527
Fax: (530) 226-4861
Email: admissions@simpsonu.edu

Office of Admissions
Application for Pedagogy and Assessment for Induction (6 graduate credits)

The School of Education offers six graduate credits for one year of induction. Teachers provide verification of completion of a year of induction as a beginning teacher or mentor with a certificate from the Director of Induction. The fee for the six credits is $55 per credit = $330. Once the credits are applied and paid for, and verification of the year of induction is received, the credits will be posted to your transcript. Transcripts may be ordered at www.simpsonu.edu/transcripts. Submit this form, payment and verification of one year of induction to Admissions. Teachers have until October 1 to apply for the six credits.

Please Print Clearly

Name_____Date _____
Last First Middle

Address_____

City_____State_____ ZIP_____

Phone: ( )_____ Email:_____

SSN:_____ Date of Birth:_____

email: _____

Have you previously attended Simpson University? Yes No

Name at the time of attendance?_____

By signing below, I agree to have the Registrar's Office register me for ***Pedagogy and Assessment for Induction*** (6 graduate credits).

___I have provided verification of completion of one year of Induction (scanned and emailed to admissions@simpsonu.edu or US mail).

___This form does **not** enroll me in the master's degree program, however, the six credits may be applied to Simpson University's MA in Ed. For information about applying to the MA in Ed program apply at www.simpsonu.edu/apply, or contact admissions@simpsonu.edu, 530-226-4527.

___ Enclosed is a check made to Simpson University, or, charge my credit card immediately ($330).

___ I understand that this is a **NON-REFUNDABLE** transaction

Signature _____Date_____

Office Use Only
❑Pymt $_____
-Ck #_____
❑Registration

REQUESTS MUST INCLUDE THE FOLLOWING PAYMENT INFORMATION OR A CHECK:

Master Card/Visa/AMEX Number _____

Expiration Date _____ Billing Zip Code _____

Security Code_____ (3 digits on back of card of Visa & MC; 4 digits on front of card for AMEX)