

PBT: TEACHER CERTIFICATION FORM FOR THE COLLEGE OF EDUCATION AND PROFESSIONAL STUDIES

STUDENT: Please complete and submit this form to: Certification Office
College of Education & Professional Studies 1420 Buzzard Hall Eastern
Illinois University 600 Lincoln Avenue Charleston IL 61920

Name_____

Social Security #_____

Major_____

Beginning Date of Program_____

Completion Date_____

**** College of Education**** - The individual identified by name and social security number above is seeking a Federal Direct Loan and has indicated that teacher certification is being pursued. To process the loan, we are required to have on file, a listing of those courses needed by the student to meet certification requirements. Please identify these minimum requirements and submit a listing as soon as possible to the Office of Financial Aid - Student Services Building. Thank you for your assistance.