

# SCHOOL COUNSELOR ENTITLEMENT REQUEST FORM



Educator  
Preparation

Please print legibly

Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

EIU email: \_\_\_\_\_ Personal email: \_\_\_\_\_

Semester and Year of Graduation or Program Completion: \_\_\_\_\_

EIU E-number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

ISBE ELIS IEIN: \_\_\_\_\_ (See back of page for direction for creating ELIS account)

\_\_\_\_\_  
Signature Date

## For COE Office Use Only

### Processing:

Application received: \_\_\_\_\_

Pre-completion posted: \_\_\_\_\_

Marked complete: \_\_\_\_\_

Candidate notified: \_\_\_\_\_

### Verification:

Content test: \_\_\_\_\_ Date: \_\_\_\_\_

Graduation date: \_\_\_\_\_