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Student ID # **Last Name** **First Name**

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

YOU MUST BE ENROLLED IN THE CLASSES LISTED ON YOUR TEACHER CERTIFICATION FORM BY THE COLLEGE OF EDUCATION TO BE ELIGIBLE FOR FINANCIAL AID.

Major_____

Beginning Date of Program_____

Completion Date_____

**** College of Education** -** The individual identified 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.