

**Eastern Illinois University
Administrative and School Personnel
Entitlement Request Form**

PLEASE PRINT LEGIBLY:

Name: _____
Last Name First Name MI

ENumber: _____ SSN: _____

Street Address: _____

City/State/Zip: _____

Semester/Year of Graduation/Completion: _____

Email (for notification): _____

Major/Program(s) Completing: _____

I understand that to be issued a certificate I must complete all required coursework and pass all required tests as established by the Illinois State Board of Education (including but not limited to the Basic Skills Test, Content Area Test(s), and the proper Assessment of Professional Teaching). Furthermore, I understand that I will be notified by email when my entitlement have been processed and that I will need to follow the instructions provided to complete my certification application online. Finally, I understand that it will be my responsibility to supply final transcripts to the Illinois State Board of Education.

Printed Name Signature Date

**RETURN TO: Department of Counseling & Student Development
Eastern Illinois University
2102 Buzzard Hall
600 Lincoln Avenue
Charleston, IL 61920**

For Office Use Only:

PROCESSING:

VERIFICATION:

App Received: _____

Basic Skills YES / NO

Entitlement/State List: _____

Content Test: _____

Marked Complete: _____

Content Test: _____

Notify: (Email & USP) _____

Content Test: _____

Graduation Posted: YES / NO