



Educator  
Preparation

# DIRECTOR OF SPECIAL EDUCATION ENTITLEMENT REQUEST FORM

Please print legibly

Name: \_\_\_\_\_ IEIN: \_\_\_\_\_  
Last First MI

Street Address: \_\_\_\_\_ E-number: \_\_\_\_\_

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

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

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

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

\*To be eligible for an additional endorsement you must complete the required number of hours (including specific courses in some cases) and pass content area test(s) in that area, if required. If you have not passed the content test(s) for any additional endorsements prior to the completion of your approved program, you will need to gain the endorsement through transcript evaluation and your Regional Office of Education. If you wish for us to delay the processing of your license application to allow time for exam results to be posted, please contact our office at (217) 581-2524. Information on qualifying for additional endorsements is available at [www.isbe.net/Pages/Subsequent-Teaching-Endorsements.aspx](http://www.isbe.net/Pages/Subsequent-Teaching-Endorsements.aspx).

## For Office Use Only

### Processing:

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

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

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

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

### Verification:

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

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

Revised November 2021