

LBS II ENTITLEMENT REQUEST FORM



Educator
Preparation

Please print legibly

Name: _____
Last First Middle

Street Address: _____

City, State, Zip: _____

EIU email: _____ Personal email: _____

Please indicate endorsement: _____ Behavior Intervention _____ Curriculum Adaptation

Semester and Year of Graduation or Program Completion: _____

EIU E-number: _____ ISBE ELIS IEIN: _____

Signature

Date

For COE Office Use Only

Processing:

Application received: _____

Pre-completion posted: _____

Marked complete: _____

Candidate notified: _____

Verification:

Content test: _____ Date: _____

Graduation date: _____

Revised September 2020