

INITIAL TEACHING LICENSE ENTITLEMENT REQUEST FORM



Educator
Preparation

Please print legibly

Name (First, Middle, Last): _____

Address, City, Zip: _____

Semester/Year: _____ E-number: _____ IEIN: _____

Semester and Year of Graduation or Program Completion: _____

EIU email: _____ Personal email: _____

Program:

- | | | |
|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Business Education | <input type="checkbox"/> History (9-12) |
| <input type="checkbox"/> Elementary Education | <input type="checkbox"/> Family Consumer Science | <input type="checkbox"/> Music |
| <input type="checkbox"/> Middle Level Education: | <input type="checkbox"/> Technology Education | <input type="checkbox"/> World Language |
| <input type="checkbox"/> Language Arts | <input type="checkbox"/> English Language Arts (9-12) | <input type="checkbox"/> French |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Mathematics (9-12) | <input type="checkbox"/> German |
| <input type="checkbox"/> Science | <input type="checkbox"/> Biology (9-12) | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Social Science | <input type="checkbox"/> Chemistry (9-12) | <input type="checkbox"/> Physical Education |
| <input type="checkbox"/> Special Education Standard | <input type="checkbox"/> Earth Science (9-12) | <input type="checkbox"/> Visual Art |
| <input type="checkbox"/> Special Education Early Childhood | <input type="checkbox"/> Physics (9-12) | <input type="checkbox"/> Health Education |

Signature

Date

Processing:

Application received: _____
Pre-completion posted: _____
Marked complete: _____
Candidate notified: _____
Graduation date: _____

Verification:

Basic Skills date: _____
Content test: _____ Date: _____
Content test: _____ Date: _____
Content test: _____ Date: _____
edTPA date: _____