



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001



7 3 - 0 6

GRADE VERIFICATION FORM

EDUCATOR EFFECTIVENESS DEPARTMENT

PART I - TO BE COMPLETED BY EDUCATOR

EDUCATOR'S NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE (mm/dd/yyyy)
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL	
NAME OF COLLEGE/UNIVERSITY		
ADDRESS (Street, City, State, Zip Code)		

PART II - TO BE COMPLETED ONLY BY THE COLLEGE/UNIVERSITY

Effective February 1, 2012, all professional education and content-area coursework required for the issuance of an Illinois license, endorsement or approval must have been passed with a grade of no lower than a "C" or equivalent. Grades of "P" (Passing) or "S" (Satisfactory) cannot be honored for licensure until verification is provided by the **licensure officer, the registrar, or the dean of the college of education** that these grades are equivalent to a "C" or above.

DIRECTIONS: Please check the appropriate box(es) below. Please stamp the completed form with the appropriate seal of the institution, date it, and affix the signature of the **licensure officer, the registrar, or the dean of the college of education**. Then mail to the Illinois State Board of Education using the address listed above. **Forms returned to the educator will not be honored.**

MARK ONE OR MORE OF THE CHOICES BELOW:

- P** (PASSING) GRADES ARE EQUIVALENT TO A "C" OR ABOVE
- S** (SATISFACTORY) GRADES ARE EQUIVALENT TO A "C" OR ABOVE
- P** (PASSING) OR **S** (SATISFACTORY) GRADES ARE EQUIVALENT TO A "C" OR BELOW

ADDITIONAL COMMENTS:

I certify that the information that is being provided is accurate and was in effect at the time the educator attended.

NAME OF COLLEGE/UNIVERSITY	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME AND TITLE OF AUTHORIZED OFFICIAL	E-MAIL	
<p>_____</p> <p>Date</p>		<p>_____</p> <p>Original Signature of Authorized Official</p>
		<p>COLLEGE/UNIVERSITY</p> <p>Seal</p>