



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



## REQUEST FOR PRE-APPROVALS OF COURSEWORK / REQUEST FOR RE-EVALUATION OF COURSEWORK

### EDUCATOR EFFECTIVENESS DEPARTMENT

**Directions:** Complete Section I or II, as applicable. Please print or type. Attach any required documentation to this form and mail to the address above or email the form and documentation as a PDF to [licensureforms@isbe.net](mailto:licensureforms@isbe.net).

NAME (Last, First, Middle, Maiden)	IEIN	BIRTHDATE
ADDRESS (Street, City, State, ZIP Code)	TELEPHONE (Include Area Code)	
	EMAIL	

#### SECTION I - PRE-APPROVAL OF COURSEWORK

This section is to request pre-approval of coursework the educator would like to take to fulfill a deficiency. An application for the credential must already be on file at the Illinois State Board of Education (ISBE). **The educator may submit up to three course descriptions for pre-approval. Additional coursework will not be considered for pre-approval until the educator provides an official transcript verifying completion of previously approved coursework addressing the deficiency.**

Attach official course descriptions (a copy from the course catalog or a printed screenshot of the online course catalog) to this form. Unofficial course descriptions will not be accepted.

This pre-approval is for the \_\_\_\_\_ license/endorsement/approval.

INSTITUTION OFFERING THE COURSE	COURSE TITLE AND NUMBER	ATTACHED OFFICIAL COURSE DESCRIPTION
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

#### SECTION II - RE-EVALUATION OF COURSEWORK

This section is to request a second review of previously completed coursework that appears on a transcript that is already on file at ISBE for the deficiency.

**The educator may submit up to three course descriptions for re-evaluation. A maximum of three courses will be reviewed.** Attach official course descriptions (a copy from the course catalog or a printed screenshot of the online course catalog) to this form. Unofficial course descriptions will not be accepted.

This re-evaluation is for the \_\_\_\_\_ license/endorsement/approval.

INSTITUTION WHERE THE COURSE WAS COMPLETED	COURSE TITLE AND NUMBER	ATTACHED OFFICIAL COURSE DESCRIPTION	TRANSCRIPT ALREADY ON FILE AT ISBE
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes