



ILLINOIS INSTITUTION OF HIGHER EDUCATION APPROVED COURSEWORK VERIFICATION

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

EDUCATOR EFFECTIVENESS DEPARTMENT

This form is for subsequent teaching endorsement and approval coursework verification. A licensed applicant applying for a subsequent endorsement and approval who completed endorsement coursework at an Illinois institution of higher education shall use this form only at the request of the Illinois State Board of Educations (ISBE) to verify that the applicant has completed the proper sequence of course required by the institution for the endorsement and approval sought. The applicant should complete the Applicant Information and Endorsement Information section, and the institution will complete the rest of the form. The form will be uploaded directly into the applicant's Educator Licensure System (ELIS) account by a representative of the institution. Forms submitted by the applicant directly will not be honored.

APPLICANT INFORMATION				
APPLICANT'S NAME (Last, First, Middle, Maiden)	IEIN		BIRTHDATE (mm/dd/yyyy)	
PHONE (Include Area Code)	EMAIL			
INSTITUTION OF HIGHER EDUCATION INFORMATION				
NAME OF INSTITUTION	NAME/TITLE AU	NAME/TITLE AUTHORIZED OFFICIAL		
CONTACT PHONE (Include Area Code)	EMAIL	EMAIL		
ENDORSEMENT AND APPROVAL INFORMATION (To be d	completed by the Ap	plicant)		
ENDORSEMENT AND APPROVAL SOUGHT (e.g., English Language	Arts) AREAS OF DEFI	AREAS OF DEFICIENCY		
COURSE INFORMATION (To be completed by the univers	ity)			
TITLE OF COURSE	COURS	E NUMBER	SEMESTER TAKEN	
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SIGNATURE AND ACKNOWLEDGMENT				
I ACKNOWLEDGE THAT THE AFOREMENTIONED IN LEADING TO THE ENDORSEMENT AND APPROVAL PASSED WITH A GRADE OF C- OR HIGHER. By signing this form, I certify the information provided is	NAMED ABOVE AND			
Digital or Original Signature of Authorized Official			Date	