



**COLLEGE OF EDUCATION AND HUMAN SERVICES  
COUNCIL ON PROFESSIONAL EDUCATION**

**REQUEST FOR CERTIFICATION**

This information is important. Forms that are filled out incorrectly or incompletely may delay your certification. See the notice at the bottom of the page regarding confidentiality. This form should be submitted to acook1@uis.edu or BRK 323.

*SS#		UIN#
Last Name		First Name <span style="float: right;">MI</span>
DOB (MMDDYYYY)		Gender <span style="margin-left: 100px;">M</span> <span style="margin-left: 100px;">F</span>
Area of Certification		Middle School Endorsements
Address (upon program completion)		Phone (upon program completion)
		Personal Email (upon program completion)
Please choose one:	Please choose one:	Do you already have a degree? If so, what school is it from? What type of degree? In what field?
<p><i>By checking the box below, I do hereby affirm that the information provided above is true, correct, and complete.</i></p>		Are you seeking a <b>degree</b> ? What type of degree? In what field?

Date \_\_\_\_\_

Program Approval \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* The Illinois State Board of Education and other accrediting and certifying bodies still require your social security number for the purpose(s) of reporting, certification and/or licensure. Failure to provide your social security number will not delay entrance to your program and/or internship; however, it will hinder us in our reporting and tracking of participants in CEHS programs. The completed forms are kept in a secure location. The Unit Assessment Office will not disclose social security numbers without the consent of the individual to anyone outside the University except as mandated by law.

Rcvd _____
Posted _____
By _____