



College of Education and Human Services  
 Council on Professional Education  
 Request for Endorsement

Brookens 323  
 217-206-7007 (office)  
 217-206-7005 (fax)

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 your program office.

*SS# (required)	UIN# (required)	
Name (Last, First, Middle)	DOB (MM/DD/YYYY)	Gender M F
Address (Street, City, State, Zip)	Personal Email (upon program completion)	
	Phone (upon program completion)	

Yes No Choose Area for Entitlement

- Have you ever had a teaching certificate denied, suspended or revoked in any state or country?
- Have you ever been convicted of a felony, or any sex, narcotics, or drug offense in Illinois or any other State?
- Have you failed to file a tax return with the Illinois Department of Revenue, or failed to pay any tax, penalty, or interest owed or any final assessment of same for any tax as required by law administered by that Department that was not subsequently resolved to the Department's satisfaction?
- Have you ever been named by a state agency responsible for child welfare as a perpetrator in an indicated report of child abuse or neglect if such report was not reversed after exhaustion of any appeal?
- Are you in default on an Illinois student loan for which you have failed to establish a satisfactory repayment plan with the Illinois Student Assistance Commission?

What University is your Master's degree from?

Name(s) of College or University State Degree Date

I do hereby affirm that the information above is true, accurate, and complete

Signature \_\_\_\_\_

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 purposes 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.

**Two copies of this form must be mailed or returned to the**  
 Educational Leadership Department  
 University of Illinois Springfield  
 Brookens 377  
 One University Plaza, MS BRK 377  
 Springfield, IL 62703-5407  
No faxed copies will be accepted.

Rcvd _____
Posted _____
By _____