IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed

## **CERTIFICATION OF EDUCATION**

SUPPORTING DOCUMENT

ED

not being processed.	
APPLICANT: Complete the applicant section of this form, the of the form.	en forward it to the school for completion of the remainder
	DATE OF BIRTH  3. SOCIAL SECURITY NUMBER //
4. ADDRESS STREET, CITY, STATE, ZIP CODE 5.	REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.
6. MAIDEN OR GIVEN SURNAME	Profession Name Profession Code
7. NAME OF INSTITUTION ATTENDED 8.	DATE OF GRADUATION / COMPLETION //
I hereby authorize a school official of the institution named about Professional Regulation or its designated testing service the in	·
Date	Signature of Applicant
SCHOOL OFFICIAL: Complete the bottom portion of this p FORM TO THE APPLICANT.	age and the reverse side. RETURN THE COMPLETED
A. NAME OF INSTITUTION  University of Illinois at Springfield	B. ADDRESS OF INSTITUTION STREET, CITY, STATE, ZIP CODE One University Plaza MS BRK 332 Springfield IL 62703-5407
C. DEPARTMENT OF INSTITUTION	D. SPECIFIC PROGRAM OR CURRICULUM CONCENTRATION OF APPLICANT
Human Development Counseling  E. MAJOR AREA OF STUDY OF THE APPLICANT	School Counseling
E. MAJOR AREA OF STUDY OF THE APPLICANT	F. APPLICANT WAS (CHECK ONE):
Human Development Counseling: School Counseling	☐ Full-time ☐ Part-time ☐ Co-op
G. CREDIT HOURS EARNED (CHECK ONE AND COMPLETE)  Semester Hours Quarter Hours Course Hours	H. DATES OF ATTENDANCE  From / / To / /  Month Day Year Month Day Year
I. Total academic years attended OR Years Months Days  Total calendar years attended	J. TYPE OF DEGREE OR CERTIFICATE AWARDED (e.g., B.A., M.A., M.D., Ph.D.)
Years Months Days	L DATE THAT DECREE OR CERTIFICATE WAS CONFERDED
K. DATE THAT DEGREE OR CERTIFICATE REQUIREMENTS WERE MET ///	L. DATE THAT DEGREE OR CERTIFICATE WAS CONFERRED  / / /
M. CHECK THE APPROPRIATE STATEMENT(S) AND COMPLETE	
Applicant has graduated on / /	Applicant has completed program on////
Month Day Year	Applicant will complete program on///
N. IF EDUCATION PROGRAM WAS COMPLETED IN LESS THAN THE	NORMALLY REQUIRED TIME, PLEASE EXPLAIN:

ISE THIS SPACE TO RECORD ANY	OTHER INFORMATION THAT	YOU FEEL WOULD A	SSIST THE DEPARTMI	ENT IN EVALUATING
HE APPLICANT'S EDUCATIONAL EX				
certify that the information recor	ded herein is true and correc	ct according to the	official records of thi	s institution.
certify that the information record	ded herein is true and correc	ct according to the o	official records of thi	s institution.
certify that the information record			official records of thi	
Print Name of Schoo			Signature of School Offici Date	ial
Print Name of School	ol Official	does not have a sc	Signature of School Offici Date hool seal, this form I	ial
Print Name of School	NOTE: If the institution	does not have a sc	Signature of School Offici Date hool seal, this form I	must be notarized.
Print Name of School	NOTE: If the institution	does not have a sc	Signature of School Offici Date hool seal, this form I	must be notarized.
Print Name of School Title CHOOL SEAL OR NOTARY SEAL	NOTE: If the institution Subscribed and sworn be	does not have a sc	Date hool seal, this form I day of Signature of Notary	must be notarized.