

**Southern Illinois University Edwardsville
School of Education, Health and Human Behavior
Student Services**

***Transcript Evaluation Request for SUBSEQUENT ENDORSEMENT for LBS1
(NEW GRADE LEVEL)
On an existing PROFESSIONAL EDUCATOR LICENSE (PEL)***

Applicant Name: _____

IEIN: _____ Banner ID # (if currently enrolled at SIUE): 800 _____

Address: _____
Street address City State Zip

Date of Birth: _____ *(used only for matching purposes)*

Daytime Phone Number: _____ E-Mail: _____

Licensure Information

Licensure and endorsement areas currently held and date obtained:

Endorsement	Grade Levels	Date obtained
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teaching Experience

School	Years	Grade Levels	Subjects taught
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educational Background

List all colleges and/or universities attended:

School Name	Years attended	Degree earned	Major/minor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please contact each school attended to request an official transcript be sent to:
Southern Illinois University Edwardsville
School of Education, Health and Human Behavior
Director of Student Services
Campus Box 1062
Edwardsville, IL 62026

Your file will not be evaluated until official transcripts from all schools attended are received in our office:

Please return this form along with:

- A copy of your existing Illinois teaching license.**
- Letter(s) from building or district administration verifying teaching experience, including length of service and grade levels taught.**
- Check for \$50.00 made payable to SIUE. This fee will be refunded to your student account if you enroll in classes at SIUE within one year of the evaluation.**

I certify that the statements I have made on this request are correct and complete.

Signature

Date