Council on Teacher Education University of Illinois at Urbana-Champaign 217-333-2804

REQUEST FOR GRADUATE STUDENT LICENSURE AUDIT

To request a licensure requirement audit, programs should submit this completed form **and transcripts for all non-UIUC institutions** to the Council on Teacher Education at info@cote.illinois.edu.

Transcripts with sensitive information (i.e. SSN) should be sent separately, using the <u>Protected</u> <u>Email Attachment Repository</u> closed webmail application. PEAR emails should be directed to <u>rcraig@illinois.edu</u>.

Please note, this request will NOT be accepted unless the form is filled out completely and all required documentation is included.

Candidate's Name:			Date:	
UIN:	Email:			
Licensure Program:				
Start Term:	Anticipa	ted Completion Te	erm:	
Graduate Advisor:	Advisor's Email:			
List <u>all</u> post-high school institution conferred, and applicant's finature to the conferred of the conferre	•	•	•	_
Institution:	Major:		Degree:	Final GPA:
Library Information Specialist Program Delivery Mod	candidates only:			