

Request to Schedule an Evaluation Appointment for a FOCUSED PROGRAM
OFFICE OF TEACHER CERTIFICATION, CHICAGO STATE UNIVERSITY (773/995-2519)

NOTICE: Please read carefully and follow all instructions below. We regret that we cannot refund fees.

☞ **To schedule an appointment for a focused program evaluation**, you must hold an Illinois Initial or Standard Teacher Certificate. If you do not hold an Illinois Teacher Certificate and want to earn one, please ask for the Request to Schedule an Evaluation Appointment for Teacher Certification.

☞ **Use this form if you want a subsequent certificate** (i.e. you have a high school certificate and want an elementary), *not if you want to add endorsements to your existing certificate (i.e. you have a high school certificate and want to add a math endorsement).* To add endorsements to an existing certificate, apply for the endorsement through your Regional Office of Education. You will receive a deficiency statement which you may bring to CSU to enroll in courses.

☞ To schedule an appointment for a focused program evaluation:

1. complete this evaluation appointment request form (print clearly or type).
2. attach a **separate transcript from each school attended** (except Chicago State University)***.
 ☞ *If you completed initial teacher certification through CSU since 1990, provide only transcripts of courses completed since finishing initial certification.*
3. attach a \$40 non-refundable check or money order payable to "Chicago State University."
4. mail to: **Office of Teacher Certification - ED 208**
Chicago State University
9501 S. King Drive
Chicago, Illinois 60628-1598.

*** You must submit a Course-by-Course evaluation from Educational Credential Evaluators (ECE) 414/289-3400 or World Education Services (WES) 800/937-3898 for any foreign college/university transcripts.

When we receive this form with the required transcripts and the \$40 fee, we will call you to arrange for an evaluation of your transcripts.

☞ **What type of Teacher Certificate do you hold?**

- Early Childhood (04) Elementary (03) High School (09) Special (10)

PLEASE PRINT:

Name: _____ S.S.# _____
 Previous Names: _____ e-mail address: _____
 Address: _____ Phone: Day(_____) _____
 City, State, Zipcode: _____ Eve(_____) _____

Academic Background

Have you ever attended Chicago State University, Chicago Teachers College, or Chicago State College?
 No Yes, from _____ to _____. (We will request a copy of your CSU record.)

List all other Colleges and Universities attended, including all community and junior colleges. *If you completed initial teacher certification through CSU since 1990, list only institutions attended since completing initial certification. (An evaluation will not be completed if you do not include a separate transcript from all institutions you have attended.)*

INSTITUTION'S NAME	STATE	DEGREE EARNED	MAJOR

We offer Focused Programs in the following areas. Check the area in which you are interested:

- | | | |
|--|--|--|
| <input type="checkbox"/> Early Childhood Ed (PreK-3) † | <input type="checkbox"/> Secondary Education (6-12)* | <input type="checkbox"/> Special Certificate (K-12)* |
| <input type="checkbox"/> Elementary Education (K-9) † | <input type="checkbox"/> Geography/Social Studies † | <input type="checkbox"/> Art † |
| <input type="checkbox"/> Secondary Education (6-12)* | <input type="checkbox"/> History/Social Studies † | <input type="checkbox"/> Music † |
| <input type="checkbox"/> Biological Science † | <input type="checkbox"/> Mathematics † | <input type="checkbox"/> Physical Education † |
| <input type="checkbox"/> Business Education † | <input type="checkbox"/> Physics † | <input type="checkbox"/> Spanish † |
| <input type="checkbox"/> Chemistry † | <input type="checkbox"/> Technology Education † | |
| <input type="checkbox"/> English † | | |
| <input type="checkbox"/> Family & ConsSciences | | |

† *Master's Degree Program optional for qualified applicants. *Secondary and K-12 programs require a major in the area of certification.*

Signature: _____ Date: _____

-- For Office Use Only:

\$40 Fee received

Receipt #: _____ Initials: _____ Check #__ Date: _____

Date Request Form Mailed