

Council on Teacher Education
University of Illinois at Urbana-Champaign
505 E. Green Street, Suite 203, MC-425
Champaign, IL 61820
217-333-7195

REQUEST FOR GRADUATE STUDENT LICENSURE AUDIT

The following candidate has been admitted to pursue teacher licensure while being enrolled in the Graduate College. Please print or type all information.

Date: _____ Start term: _____

Candidate's Name: _____ UIN: _____

Local Address: _____

E-mail: _____

Licensure Program: _____

List Previous Degree(s)/Majors: _____

Graduate Advisor: _____ E-mail: _____

Office Address: _____

List **all** institutions previously attended, including the UI, and attach official transcripts from ALL institutions. (You do not need to provide transcripts for coursework taken on this campus.)

RETURN THIS FORM AND ALL PERTINENT TRANSCRIPTS TO THE COUNCIL ON TEACHER EDUCATION, 505 E. GREEN STREET, SUITE 203, MC-425. **This request will NOT be accepted unless it is filled out completely and all non-UIUC transcripts are attached.**