

**INITIAL TEACHER PREPARATION
ENTITLEMENT INFORMATION FORM**

____ Undergraduate
____ Graduate

Please fill-out this form, attach any necessary documents indicated, and submit it to the Licensure Officer via email (education@luc.edu) or by mail it to:

Licensure Officer
Loyola University Chicago, School of Education
820 N. Michigan Avenue, Chicago, IL 60611

NAME (Last, First) _____

ISBE IEIN # _____ LOYOLA STUDENT ID # _____

PHONE NUMBER _____ E-MAIL _____

BSEd MEd* Transcript date of degree conferral: _____

<i>*Prior Bachelor's Info (completed by MEd students only):</i> University: _____ State: _____	Date Conferred: _____ Major: _____
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MAJOR/PROGRAM

- Early Childhood Special Education
- Elementary
- Middle Grades Middle Grade Content Area: _____
- Secondary Education Secondary Major: _____
- Special Education (LBSI) LBSI plus Elementary (undergrad option only)
- Foreign Language (PK-12) Foreign Language Major: _____

ENDORSEMENTS

- Reading Specialist (attach an official letter confirming two years of teaching experience)
- Bilingual ESL Reading Teacher Special Education Other: _____

DO NOT WRITE BELOW THIS LINE

To be completed by the Licensure Officer

Successful Completion	Program Chair's Initials	Successful Completion	Program Chair's Initials
TAP/Basic Skills		edTPA	
Content Exam		Coursework C- or better	
Additional test required Name:		Degree Posted	

Entitlement Notification of Completion of ALL Requirements:

Date (submitted to ISBE)

Initials

Date (emailed to student)

Initials