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Student ID # **Last Name** **First Name**

PBT: TEACHER CERTIFICATION FORM FOR THE COLLEGE OF EDUCATION

STUDENT - Please complete and submit this form to:

Certification Office - College of Education
Email: coe@eiu.edu
Ph. (217) 581-2524
Fax. (217) 581-2518
1420 Buzzard Hall – Eastern Illinois University
600 Lincoln Avenue – Charleston IL 61920

YOU MUST BE ENROLLED IN THE CLASSES LISTED ON YOUR TEACHER CERTIFICATION FORM BY THE COLLEGE OF EDUCATION TO BE ELIGIBLE FOR FINANCIAL AID.

Major_____

Beginning Date of Program_____

Completion Date_____

COLLEGE OF EDUCATION

The individual identified above is seeking a Federal Direct Loan and has indicated that teacher certification is being pursued. To process the loan, we are required to have on file, a listing of those courses needed by the student to meet certification requirements. Please identify these minimum requirements and submit a listing as soon as possible to the Office of Financial Aid.
Thank you for your assistance.