

DePaul University College of Education



REQUEST FOR LICENSURE CREDENTIALS

Name: _____

Student ID: _____

IEIN: _____

Master's degree received? Yes No

Degree awarded by DePaul University? Yes No

If no, name of the institution from which Master's degree was received _____

Program completed:

- Superintendent (Doctoral level)
- Principal (Master's level)
- Teacher Leader
- Special Ed for Teachers (LBS1)
- Reading Specialist
- Reading Teacher

Student Signature: _____

Date: _____

***Please submit to Alexa Walsh, Licensure Officer, in the Advising Office, COE 140**

For Office Use Only Date received: _____