



100 North First Street, E-240
Springfield, Illinois 62777-0001



**OUT-OF-COUNTRY CREDENTIAL
EVALUATION SERVICES APPROVAL
REQUEST FORM**

EDUCATOR EFFECTIVENESS DEPARTMENT

DIRECTIONS: This form is to be used by organizations that desire to have the Illinois State Board of Education approve them to be qualified evaluation sources for individuals whose college (postsecondary) coursework was completed outside the United States. This form may be completed by the organization and forwarded to ISBE for review and approval at licensureforms@isbe.net.

PART I - TO BE COMPLETED BY REQUESTING ORGANIZATION

NAME OF ORGANIZATION	NAME OF CONTACT	DATE
ADDRESS (Street, City, State, ZIP Code)	EMAIL	
	WEBSITE ADDRESS	
	TELEPHONE (Include Area Code)	

AFFILIATION: Please describe your affiliation with NAFSA and/or AACRAO.

- ☐ National Association of Foreign Student Affairs (NAFSA)
☐ American Association of Collegiate Registrars and Admissions Officers (AACRAO)

OTHERS USING YOUR ORGANIZATION: Please provide a list of other boards, governmental agencies, or higher education institutions that accept your service and reports. Also, please include the websites that list your service. If further space is needed, please attach as an additional page.

NAME OF ORGANIZATION	WEBSITE

REPORTS: Please indicate if the information below is included in a report that you provide to an applicant. Please also provide sample copies of the reports you provide to applicants.

TYPE OF REPORT PROVIDED:	YES OR NO
Equivalent U.S. Degree Summary Report: Degree conferred from a regionally accredited institution	<input type="checkbox"/> YES <input type="checkbox"/> NO
Course-by-course evaluation report	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are all reports based on official documents (not photocopies)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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ITEMS INCLUDED IN THE COURSE-BY-COURSE REPORT:	YES OR NO
Full name of applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of birth	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of institution(s) attended	<input type="checkbox"/> YES <input type="checkbox"/> NO
Years attended	<input type="checkbox"/> YES <input type="checkbox"/> NO
Degree(s) awarded with conferred date	<input type="checkbox"/> YES <input type="checkbox"/> NO
Major(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lists each college course taken	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lists grades with credits earned equated to semester hours	<input type="checkbox"/> YES <input type="checkbox"/> NO
Lists total number of semester hours completed	<input type="checkbox"/> YES <input type="checkbox"/> NO
Summary of coursework with verification of degrees and majors	<input type="checkbox"/> YES <input type="checkbox"/> NO
Verification if applicant was trained as an educator	<input type="checkbox"/> YES <input type="checkbox"/> NO
Language of instruction	<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR INTERNAL USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		DATE	REVIEWED BY
RESPONSE SENT TO AGENCY BY EMAIL OR LETTER <input type="checkbox"/> YES <input type="checkbox"/> NO		REQUEST SENT FOR ISBE WEBSITE UPDATE <input type="checkbox"/> YES <input type="checkbox"/> NO	