

STUDENT TEACHING-TRANSCRIPT REQUEST FORM

Illinois State University, Office of the University Registrar
Campus Box 2207, Normal, IL 61790-2207
(309) 438-2188

1. Fill out, print, and sign this student teaching transcript request form.
2. Resolve outstanding financial obligations with the University before submitting this transcript request form.
3. Submit this form and \$10 fee per transcript (credit/debit card only) to 107 Moulton Hall. Photo ID required. Please note: *Cash & check payments can only be processed at Student Accounts Office.*

OPTION 1:

One transcript to be sent *After* current semester grades are posted

Select if you are an/a

- ▶ ECE Student Teacher
- ▶ ELED Student Teacher
- ▶ Middle Level Student Teacher
- ▶ TCH PDS Student Teacher
- ▶ Fall Secondary Student Teacher
- ▶ Fall K-12 Student Teacher

OPTION 2:

One transcript to be sent *After* Spring grades are posted

Select if you are a

- ▶ Traditional Spring Secondary Student Teacher
- ▶ Traditional Spring K-12 Student Teacher

OPTION 3:

One transcript to be sent *Now*

Select if you are a

- ▶ PDS Secondary Student Teacher
- ▶ PDS K-12 Student Teacher
- ▶ Deaf & Hard of Hearing Student Teacher
- ▶ Learning & Behavior (LBS1) Student Teacher
- ▶ Low Vision & Blindness Student Teacher

Transcripts will be sent to the appropriate coordinators in the CELP Office, Campus Box 5440 (Teacher Education Center).

Please complete:

Total number of transcripts ordered _____

Major _____ Option from list above: 1 2 3

First Name _____ Last Name _____

Address _____

Date of Birth _____ Daytime Ph# _____ UID Number _____

SIGNATURE (required) _____

Payment (staff use only)

Credit/Debit Card present: Y / N

Internal Note _____

Amount Charged \$ _____

Service Indicator(s) _____