College of Education
Reflective, Collaborative, Transformative
Teacher Licensure Program
Application Instructions

Contact Information
Last Name: ___________________________ First Name: ________________
Program / Major: ___________________________ NEIU Email address: ___________________________

Documents Check List for ALL Applicants

Applicants need to visit the College of Education Website for admission requirements and to print necessary forms. Completed forms and required documentation are to be submitted to College of Education (LWH 4045).
Applicants are suggested to keep copies of documents submitted with this application (College of Education is not required to provide copies to applicants.)

__ Completed Application Form¹

__ Submission of Declaration of Education Major (Must be completed with education major advisor)

__ Sealed Instructor’s Recommendation Form¹

__ ICTS Basic Skills Test/TAP - Passing Score results or ACT + writing
(with a score of 22 and a minimum 19 score in Combined English/ Writing) or SAT
(with a score of 1030 or higher, and a minimum 450 in Writing)

__ NEIU unofficial transcript

__ Copy of transcripts for other institutions attended

__ “C” or better in: English 101, and college level Math leading to NEIU math competency

__ Federal and IL State fingerprint-based background check report ¹

__ 2.5 Cumulative GPA on 4.0 scale

__ Copy of TLP acceptance letter

Communication
All communication from College of Education Admissions Office will be sent exclusively through the NEIU email system. This technology will be used extensively to maintain communication with all students. It is the student’s responsibility to regularly check their NEIU email account. Failure to do so may cause the student to miss important information, including critical updates about program changes and deadlines.

Name (printed): ___________________________ Signature: ___________________________ Date: / / 

Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that it is my responsibility to check my application file using the above checklist to ensure it is complete. I also understand that if any required documentation is missing, my application would not be processed.

Name (printed): ___________________________ Signature: ___________________________ Date: / / 

Contacting Us
Ms. Paola Vargas - College of Education, Office of the Dean 773.442.5512 coe-admissions@neiu.edu
Thank you for your interest in the College of Education.

¹ Applicant can print this form from the College of Education web site: http://www.neiu.edu/academics/college-of-education. Click on Admissions