REQUEST FOR ACADEMIC CREDENTIAL EVALUATION FOR UNIFORM CPA EXAMINATION (EVAL) 03/20

Illinois Board of Examiners
Mailing Address: 1120 E. Diehl Road, Suite 107 • Naperville, IL 60563
PHONE (815) 753-8900 • FAX (815) 753-8953 • WEB: www.ilboe.org • E-MAIL: help@ilboe.org

PLEASE CHECK ONE:

A. [ ] DOMESTIC CREDENTIALS ONLY
B. [ ] BOTH INTERNATIONAL & DOMESTIC CREDENTIALS*

*If you are checking “B,” please review www.ilboe.org/requirements/introduction-to-cpa-processes/ for important details.

(Please type or print legibly)

1. Name in Full* Last ____________ First ____________ Middle ____________

*Provide your name as it appears on the two required forms of identification you will use to enter the Prometric test center.

2. Mailing Address Street Number ____________ Apt. Number ____________

City ____________________________ State/Province/Country ____________________________ Zip/Postal Code ____________________________

3. Email ____________________________ 4. Phone Number ____________________________

5. Date of Birth ________________ 6. U.S. Social Security Number* ____________________________

*We are requesting your social security number (SSN) to expedite your application. The board will not disclose an individual’s SSN without the consent of the individual to anyone outside the Board except as mandated by law. Providing your SSN will exempt you from NASBA’s background check fee associated with processing each examination application.

7. Sex: [ ] Male [ ] Female 8. Please select preferred salutation: [ ] Miss [ ] Ms. [ ] Mrs. [ ] Mr.

9. List ALL colleges and universities you have attended. You must list and submit transcripts from ALL institutions attended. Please use a separate sheet for additional institutions.

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<tr>
<th>College and/or University</th>
<th>City, State or Province/Country</th>
<th>Entrance MM/YYYY</th>
<th>Exit MM/YYYY</th>
<th>Hours Earned or Date &amp; Degree/Diploma Earned</th>
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10. Enclose a check or money order in U.S. funds drawn on a U.S. Bank payable to Board of Examiners according to the following fee schedule:

Domestic Credential Evaluation ....................... $ 200
Combination of International and Domestic Credentials Evaluation ....................... $ 200*

*Please be advised that a separate evaluation fee is due to NASBA’s International Evaluation Services (NIES) for reviewing your foreign credits.
11. Under penalty of perjury, I certify to the truth and accuracy of all statements, answers and representations made in the foregoing and in all supplementary statements and application materials.

Signature ___________________________ Date __________

*Submission of form constitutes an electronic signature.

[ ] I have written but NOT passed all four sections of the CPA exam in another jurisdiction ___ (State) ________ (MM/YYYY)

*If you check this option, forward the Transfer of Credit Form to the state listed above in order to verify your CPA exam scores.