



**STEVENSON CENTER**  
FOR COMMUNITY AND ECONOMIC DEVELOPMENT  
*Illinois State University*

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**Peace Corps Fellows and ACED Fellows/Interns  
Professional Practice Checklist**

**Name and UID:** \_\_\_\_\_ **Host Organization and Start Date:** \_\_\_\_\_  
**Future Home Mailing Address (if known):** \_\_\_\_\_ **Future Home/Cell Telephone Number (if known):** \_\_\_\_\_

Please **date and initial when each item is complete**. If an item does not apply to you, write **N/A**. Then return the finished checklist to the Stevenson Center prior to your departure from campus, **TWO WEEKS** before your start date, or by August 1, *whichever comes first*. Please retain photocopies for your own records. (If you are an international student, your advisor may need to complete a Request for Reduced Courseload form for International Studies.)

1. \_\_\_\_\_ Professional practice registration arranged with Stevenson Center and Graduate Coordinator. Note that you will need to complete other degree requirements by posted deadlines (approved capstone proposal and project OR approved thesis proposal, including IRB protocol if applicable, and defense, PLUS Degree Audit form and Application to Complete Degree forms). Copies of forms to Stevenson Center as desired; please **DO** submit a copy of your final capstone project or thesis.
2. \_\_\_\_\_ ISU's Group Health Insurance for next semester **PURCHASED** (by applying and paying the appropriate fee through the iCampus portal) or **WAIVED** by the posted deadlines (<http://www.shs.ilstu.edu/insurance/eligibility/index.shtml>). **Note that if you are not going to be enrolled for 9 semester hours in each of the Fall or Spring semesters, or 6 semester hours during the Summer semester, you will NOT be automatically enrolled and billed. Also, you will need to take these steps by the posted deadlines for EACH semester of professional practice.**
3. \_\_\_\_\_ Graduate Assistant (NOT Professional Practice) Health Insurance Certification form submitted directly to Stevenson Center for the first semester of your appointment (pick up at Stevenson Center or download at <http://www.shs.ilstu.edu/insurance/forms/>). You will need to complete this form at the start of **each** semester of professional practice.
4. \_\_\_\_\_ If desired, Off Campus Fee Reduction Request online form submitted for the next semester (<http://www.registrar.ilstu.edu/registration/feereduction.shtml>). You are **not** eligible in any given semester if you are registered for something other than professional practice, including any thesis or independent study hours. Also, you will need to complete this online form by the posted deadlines for **each** semester of professional practice. Please read the webpage carefully.
5. \_\_\_\_\_ When link to Human Resources posting sent to you, complete online application for position. You may need a fingerprint background check.
6. \_\_\_\_\_ When received from Stevenson Center, respond to Graduate Assistant Offer e-mail message.
7. \_\_\_\_\_ Mailing address changed with Office of the University Registrar (iCampus, Moulton 107 with photo ID, or 309-438-2188).
8. \_\_\_\_\_ If necessary, direct deposit information updated with Payroll Office (Uptown Crossing or 309-438-7677).
9. \_\_\_\_\_ Reporting Guidelines received from Stevenson Center and deadlines discussed with Associate Director.

\*\*\*Timely and accurate completion of all documentation is part of the assessment for your professional practice.\*\*\*