

COURT REPORTING SERVICES - STATE OF ILLINOIS
OFFICIALSHIP TRAINING PROGRAM
PART-A EXAMINATION APPLICATION

First Name: _____

Last Name: _____

Email: _____

Class Location: _____

Exam Date: _____ **Exam Time:** _____

Exam Location:

Courthouse or school location: _____

_____ **ZOOM**

I understand that my exam results will be sent to my instructor. My instructor will meet with me to discuss my results and go over the graded exam as a part of the Officialship Training Program requirements.

Student Signature: _____

Instructor Signature: _____

Supervisor Signature (if applicable): _____

Final signed application should be submitted to Randi Kuhn at Randi@ilcrs.com