



COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT
Center for Teacher Quality
1400 JR Lynch Street, P. O. Box 17124
Jackson, MS 39217

LICENSURE ADVISORY FORM

Print and submit completed application to
teacherquality@jsums.edu

I, _____, acknowledge that the Mississippi
Print name
Department of Education licensure process and requirements
have been reviewed. I understand that licensure guidelines
may change without notice, and it is my responsibility to
remain abreast of current requirements.

LINK: WWW.mde.k12.ms.us/ed_licensure/index.html

Signatures:

Teacher Education Candidate: _____

Dean of Education/Designee: _____

Date: ____/____/____
