



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 form to

[TK20](#)

LICENSURE ADVISORY FORM

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

Teacher Education Candidate Signature _____

Date _____