VALDOSTA STATE UNIVERSITY'S

STUDENT ATTESTATION FOR PROFESSIONAL LICENSURE PROGRAMS

I, _____ (your full name), understand that Valdosta State University cannot guarantee that the _____ (the name of the program you are applying to) program meets the educational requirements for professional or occupational licensure or certification as a _____ (the name of the license or certification) in _____ (the state or territory), where I am currently located. I acknowledge that the educational activities of _____ (name of the program you are applying to) may not qualify me for licensure in _____ (the state or territory you are currently located).

As a result, Title IV of the Higher Education Act prevents Valdosta State University from admitting me into this program unless I attest to the following:

- I plan to seek licensure and employment in _____ (state or territory) after completing the program.

OR

- I will pursue the additional steps needed to obtain licensure in a state or territory that Valdosta State University does not currently meet the professional or occupational licensure or certification requirements.

OR

- I do not plan to seek employment in the professional licensure program's area of practice.

Further, Valdosta State University cannot guarantee that I will qualify for licensure in _____ (state or territory) after completing the program, as laws, educational requirements, and additional requirements (e.g., work experience, background checks, etc.) are subject to change. I acknowledge that I should contact any state where I may be interested in becoming licensed upon graduation to ensure I fully understand my licensure, certification, and employment options in that state.

I understand that the most reliable information on licensure and certification comes directly from the applicable state licensure board or agency/entity.

I submit this attestation voluntarily and knowingly.

Student Signature_____

Date_____

Please return this attestation to: gradschool@valdosta.edu