Alternate Route Licensure Information Form

This form is required for Mississippi State University to provide recommendation for licensure using the Mississippi Department of Education online ELMS system. Please submit a completed copy of this form to the alternate route office by mail, fax, email, or in person to the following:

Alternate Route Programs ATTN: Susan Steward Box 9705 Mississippi State, MS 39762		Email: ssteward@colled.msstate.edu Phone: (662) 325-0527 Fax: (662) 325-4235 Allen Hall 316		
First Name & MI:		Last Name:		
Social Security Number: *			Net ID:	
Date of Birth:		Pho Nu	one mber:	
Email:				
Primary Content/ Licensure Area:				
*SSN is required for adding recommendation complete your licensure request.	ons using the MDE onli	ne ELMS system. If you	do not provide th	is data we will be unable to
Alternate Route Program: MAT-S (Masters of Arts in T	Teaching)	☐ TMI (Tead	ch Mississippi I	nstitute)
License: (please check one)	Endorsements	s or Concentration	Areas: (please ch	neck any that apply)
☐ MAT-S Initial (3 Year) ☐ MAT-S Renewal (5 Year)* ☐ TMI Initial (1 Year) ☐ TMI Renewal (5 Year)* *You cannot apply for a 5 Year Renewal License until you receive a C	Agricultur Biology Business F Chemistry Computer English French	Apps	Math Music Instruction Music Vocal Physical Ed Physics Social Studies Spanish	S
or better in Dimensions I.	☐ Gen. Scier ☐ Health Ed	_] SPED Mild/N] TESOL	Moderate
		O	ther	
For MSU Alternate Route Advisor Please check that ALL the following req Attach copies of Praxis scores AND trans	uirements have been			o contract of the contract of
Praxis I: Reading Writing Math Praxis II: Content Area 21 hrs. content courses		MAT: 2 licensure courses TMI: 3 licensure courses Please check if letter for transfer courses needed from OCFBI		
Signature, MSU Alternate Route Advisor			Date	

