Alternate Route Licensure Information Form MATX

	ssissippi State University to prov Please submit a completed copy o llowing:			
First Name & MI:		Last Name:		
MSU 9Digit ID Number			Net ID:	
Date of Birth:			hone umber:	
Email:				
Licensure Area:				
License: (please check one) MS endorsement.	U can only recommend you for one co	ntent area. Once yo	our license is issued, you ca	an go request an
MAT-S Initial (3 Year)		MAT-S Renewable (5 Year)		
	Advisor Use ONLY: requirements have been met for init transcript(s) with degree, content are			
Admission Type:		2:	Admission Date	
EDS 6813 GPA on last		0 hrs Admit GPA		
EDX 8173CORECOREScore Subject		Test Date	Gender:	

Code

EDX 8233

EDX 8243

Praxis Content Assessment Score Subject Test Code 5354 Special Education

Reading

Writing

Math

Signature, MSU Alternate Route Advisor 3 Year License Date

Date

Race:

Ethnicity: ____

Signature, MSU Alternate Route Advisor 5 Year License

Date

3 Year License Expires: _

5 Year License Issued_

3 Year License Issued _

