**Professional Licensure Attestation for Distance Education Students**

By signing below and submitting this Attestation to Texas A&M University, I am attesting to the following:

* I am enrolling in the **<NAME OF PROGRAM>** distance education program (the “Program”) at Texas A&M University.
* Texas A&M University has informed me that this Program does not meet state educational licensure requirements in the state where I am currently located, which is \_\_\_\_\_\_\_\_\_\_\_\_.
* I do not intend to remain in my current state upon completing the Program. I intend to relocate to and seek employment in \_\_\_\_\_\_\_\_\_\_\_.
* I understand that while Texas A&M has determined that the Program currently meets state professional licensure requirements in \_\_\_\_\_\_\_\_\_\_, where I intend to reside and seek employment after completion of the Program, Texas A&M cannot guarantee continuing compliance with professional licensure requirements in states other than Texas.
* I met with a Program representative to discuss my enrollment on **\_\_\_\_\_\_\_\_\_\_.** I had the opportunity to ask questions and discuss the professional licensure requirements as outlined above.
* I understand that state licensure requirements are subject to change. Considering this, I understand that I should directly contact any state in which I may be interested in becoming licensed upon graduation to ensure I fully understand my employment options in that state.

I agree that I have read and understood the above information, and that the information I provided is true as of the time of my signing of this attestation and enrollment in the Program at Texas A&M.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_