



# NEW MEXICO

## Public Education Department

### REQUEST FROM INSTITUTION OF HIGHER EDUCATION TO EXTEND A STUDENT'S ALTERNATIVE LICENSE FOR ONE YEAR

#### LICENSE HOLDER INFORMATION

Name: \_\_\_\_\_ File/License No. \_\_\_\_\_

Birthday: \_\_\_\_\_ Last four Digits of SSN: \_\_\_\_\_

#### EMPLOYER INFORMATION

Public School District/Private/Charter School Name: \_\_\_\_\_

#### PROGRAM VERIFICATION (Please check applicable boxes)

##### I Verify that Licensee:

- Holds a **current** license issued by the New Mexico Public Education Department
- Is a student in good standing at our institution
- Is making progress towards completing the course work necessary by the end of this extension
- Student still lacks exams to be completed
  - Educator must contact their District/Charter to have the District Alternative Extension Request Form to be completed, which must accompany this form

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form I verify that I will complete all testing and coursework for licensure prior to the expiration of my license.

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