## **Attestation of Program Completion and Licensure Understanding**

I, [Name]	, hereby attest and acknowledge the following:
designed to culminate in a degre	in which I intend to enroll at the University of North Georgia is se that may lead to professional licensure in the field of [Program_upon successful completion.
requirements, which may vary fr	e attainment of licensure is contingent upon fulfilling state-specific om one state to another. It is my responsibility to be informed of ents for licensure in the state in which I intend to seek employment
practice my profession upon gra	viewed the licensure requirements of the state where I intend to duation, [State Name], and whether North Georgia in which I intend to enroll is compatible with those
4. I acknowledge the following reabove-named state:	egarding my program's alignment with licensure exam criteria in the
	rogram at the University of North Georgia meets all necessary ure exam in the state that I have chosen.
	orogram at the University of North Georgia does not meet the censure exam in the state that I have chosen.
	acknowledgment that I understand that the state that I want to compatible or not compatible with the program that I am enrolled rgia.
By signing this attestation, I decl the best of my knowledge and be	are that the information provided herein is accurate and truthful to elief.
[Student Signature]	_
Date	

Please print this form, provide the requested information, and email a scanned image of the completed document to <a href="mailto:admissions-gvl@ung.edu">admissions-gvl@ung.edu</a>

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