

Out of State Student Attestation

I, _____, understand that the _____ program does not meet educational requirements for professional or occupational licensure, or the Abraham Baldwin Agricultural College is not aware whether the program meets educational requirements for professional or occupational licensure of my home state of _____. I acknowledge that the educational activities of the _____ program may not qualify me for licensure in my home state of _____. I attest that I plan to seek licensure and employment in _____ after completing the program.

Abraham Baldwin Agricultural College cannot guarantee that I will qualify for licensure in _____ after completing the program, as laws, educational requirements, and additional requirements (e.g., work experience, background checks, etc.) are subject to change. I acknowledge that I should contact any state where I may be interested in becoming licensed upon graduation to ensure I fully understand my licensure, certification, and employment options in that state.

I understand that the most reliable information on licensure and certification comes directly from the applicable state licensure board or agency/entity.

I submit this attestation voluntarily and knowingly.

Student Signature _____

Date _____