HS University P.O. Box 2482 Cordova, TN 38088-2482 Phone: 1-888-282-7817 Fax: (901) 748-0297

Renewal Application Form
A credential or license is only valid for 3 years. All credential professionals are required to complete this form and return to the University 3 months prior to their expiration date.

Date:		
Student ID:		
Student Name:		
Credential Level:		
Expiration Date:	=	
Renewal Date:		
Renew Fee Enclosed:	(\$495 per pe	rson)
☐ Automatic 2 year renewal (Renewa	ıl fee of \$495 should be inclu	ded)
☐ 45 CECs completed		
☐ Inactive status (Inactivity fee of \$45	must be included.	
A candidate will be listed as inactive for 12 more who are inactive for more than 12 months mus		ired during the inactive year. Students
Signature:	C	Pate:
Renewal Fee: \$495.00Add \$295.0 0	0 (Next Level Advancemen	t)\$45.00 (Inactive Status)
Payment Method: American Express	_ Visa MasterCard	_ Discover
Card No:		
Expiration Date:	SCode:	
Signature:		Date:
For Office Use only!		
Renewal Date:		_
Student Advisor:		
Team Meeting Set:		 -
Assessment Deadline:		
Decision:		
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