

**DEPARTMENT OF EDUCATION
Office of Teacher Licensure**

**REQUEST FOR EXTENSION
APPEAL FORM**

The APPEAL FORM is used by a licensee whose initial request for an extension was denied. The appeal should be completed and submitted to the same address as the initial "Request for Extension".

Last Name: _____	First: _____	MI: _____
SSN: _____	License #: _____	
Date License Expires: _____	Requesting Extension Until: _____	
Requesting an extension to clear the following provisions or to renew existing license:		
Course Work: _____	License Renewal: _____	
Nevada School Law: _____	Nevada Constitution: _____	U.S. Constitution: _____
PPST: _____	PLT: _____	Specialty Area Test: _____

Your submission of an Appeal means that your initial request for an extension was denied. The letter that you received from the Department should have indicated the reason for denial. Please use the space below to address the purpose of the appeal and to further support your need for an extension. Please provide specific information to support your request that has not already been provided.

Signature

Date

For Official Use Only	Approved: _____	Denied: _____	Signature
Comments:			