MINISTRY OF EDUCATION
TEACHERS LICENSE UPGRADE FORM

Checklist:

- ☐ Social Security card
- ☐ Qualifications
- ☐ Copy of previous license
- ☐ Marriage/divorce certificate(if name change is required)
- ☐ Application must be completed in duplicate

A. Applicant's Biographical Data

1. Name			
	Last Name	First Name	Middle Name
2. Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated		
3. Date of Birth	D	M	Y
4. GENDER	☐ Male	☐ Female	
5. Belize Social Security No.			

B. Home Address

6. No. & Street	
7. Name of Village, Town or City	
8. Name of District	
9. Home Phone No.	
10. Fax No.	11. E-mail

C. EDUCATIONAL INFORMATION

12. Name of Institution:	
13. Specialization or Area of Study:	
14. Degree or Certification Obtained (Specify):	
15. Date Obtained:	

D. Level and Type of License

16. License Number:	17. Date of Issue:
18. Type:	19. Level:
20. License Type and level requested:	
Signature:	Date:

For Official Use:

License Awarded:

Type:_____

Level:_____

Comments:_____

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Application Review by:

_____

Date:_____

Signature:

_____

Please note that your identification and qualifications must be signed by a Justice of the Peace.

UPGRADE FORM