

FORM 2

LAND SURVEYOR

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

CERTIFICATION OF EDUCATION

APPLICANT INSTRUCTIONS

1. Complete Section I in ink. Be sure to sign and date item 10.
2. Send this form to the school where you completed your education and request that they complete the appropriate parts of Section II and return this form directly to the Office of the Professions. Be sure to include any fee required by the school. Keep a copy for your records.

SECTION I: APPLICANT INFORMATION

1 SOCIAL SECURITY NUMBER -

(Leave this blank if you do not have a U.S. Social Security Number)

2 BIRTH DATE / /

Month Day Year

3 PRINT FULL NAME EXACTLY AS IT APPEARS ON YOUR LICENSURE APPLICATION (FORM 1)

Last

First

Middle

4 MAILING ADDRESS

Street

City

State Zip Code

Province/Country
If not U.S.

(IMPORTANT: You must notify the Department promptly of any address or name changes.)

5 Print name under which degree/diploma was awarded (if different from above): _____

6 Secondary and/or preprofessional school attended: _____
(preceding professional school)

Dates of attendance from: ____/____/____ to: ____/____/____
mo. day yr. mo. day yr.

7 Professional school attended: _____

Dates of attendance from: ____/____/____ to: ____/____/____
mo. day yr. mo. day yr.

8 Was degree/certificate/diploma awarded? Yes No

If yes, title: _____ Date ____/____/____
Field mo. day yr.

9 Check all that apply Day student Evening student Part-time student
 Co-op student Branch campus at _____

10 I request and give my permission to the school listed in item 6 and/or 7 above to attach an official transcript to this form and to mail it and any other information requested in connection with my application for licensure to the New York State Education Department at the address at the end of this form.

Applicant's signature

Date

SECTION II: CERTIFICATION OF PROFESSIONAL EDUCATION

INSTRUCTION TO SCHOOL: Please complete: (1) Either Part A or Part B as appropriate; and
(2) Part C

Please return this form directly to the address shown below. DO NOT return this form to the applicant.

PART A - HIGH SCHOOL EDUCATION OR UNREGISTERED PROGRAMS An official transcript must be attached.

Note: Please attach an official transcript or marksheet showing the courses completed each year and the grades earned. If not clearly identified on transcript, list any courses convalidated or accepted for transfer credit by your school and the name of the institution from which credit was transferred.

Title of program _____ Concentration, if any _____

Name of Department offering program _____

Dates of attendance: From _____ / _____ / _____ To _____ / _____ / _____
mo day yr. mo day yr.

Was a degree awarded? Yes No

If yes, state exact title _____ Date degree was awarded _____ / _____ / _____
mo day yr.

PART B - ACCREDITATION BOARD FOR ENGINEERING AND TECHNOLOGY (ABET) ACCREDITED PROGRAMS OR NEW YORK STATE REGISTERED PROGRAMS

To be completed only by those schools whose baccalaureate or associate degree program in surveying or surveying engineering or surveying engineering technology or similar surveying-related title was registered by the New York State Education Department as licensure qualifying for land surveying or was accredited at the time of the applicant's graduation by ABET, or within one year prior to such accreditation.

It is certified that: _____

Name of applicant

has satisfactorily completed all requirements for the Associate or Bachelor's degree in _____ and was awarded
Program title
the degree (date of faculty approval to award degree; not the date of graduation ceremony) on _____ / _____ / _____ or, for baccalaureate
mo day yr. degree candidates only, is expected to be awarded the degree on _____ / _____ / _____
mo day yr.

PART C - CERTIFICATION (To be completed by ALL schools.)

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar or designee _____ Date _____ / _____ / _____

Print or type name _____

Title or official position _____

Institution _____

(Institution Seal)

Address _____

Telephone _____ Fax number _____

E-mail _____

RETURN DIRECTLY TO: 

New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Land Surveying Unit, 89 Washington Avenue, Albany, NY 12234-1000.