



**Section II: Certification of Education**

**Instructions to Registrar:** Please complete this form and sign the certifying statement. Attach an official transcript and return this form directly to the Office of the Professions at the address at the end of this form. Do not return this form to the applicant. **This form will not be accepted if returned by the applicant.**

**1** Name of applicant: \_\_\_\_\_  
*(Section I, item 5)*

**2** Date of applicant's entrance, date of completion of studies or withdrawal from the school:

Entrance date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Completion/withdrawal date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                   mo.          day                  yr.    mo.          day                  yr.

Degree awarded: \_\_\_\_\_      Date awarded: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo.                  day                  yr.

**3** Attach transcript, marksheets, or other record showing courses studied by year and passes (with grades if available) of all courses taken at the time.

**4** List any courses convalidated or accepted for transfer credit by your school. Give the basis on which these subjects were convalidated and the name of the institution from which credit was transferred.

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**Certification**

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo.                  day                  yr.

Print or type name \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail \_\_\_\_\_

**Institution  
Seal**

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Architect Unit, 89 Washington Avenue, Albany, NY 12234-1000.**