

Section II: Certification Of Education

INSTRUCTIONS TO REGISTRAR: Please complete Section II, sign and date the certifying statement and attach an official school transcript. Please 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 submitted by the applicant.**

1 Name of applicant: _____
(See 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 school.

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 the credit was transferred.

REGISTRAR'S CERTIFICATION

I hereby certify that to the best of my knowledge and belief the information in Section II is a true, complete and accurate educational record of the individual named on this form.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print or type name: _____

Title or official position: _____

Institution: _____

(COLLEGE SEAL)

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

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