Landscape Architect Form 2

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

In Section I, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8

 Send this form to the school you attended and ask the Registrar to complete Section II and return the form directly to the Office of the Professions at the address at the end of this form. Also, request that an official transcript be attached to this form. Be sure to include any fee required by the school. This form will not be accepted if submitted by the applicant. 																															
Section I: Applicant Information																															
1	Social Secu	urity N	umbe	r										2 Birth Date																	
	(Leave this blank if you do not have a U.S. Social Security Number)														Mon	th	Da	ay	Yea	r											
3	3 Print Full Name Exactly As It Appears On Your Application for Licensure (Form 1)																														
	Last																														
	First																														
	Middle																														
4	4 Mailing Address (You must notify the Department promptly of any address or name changes.)																														
	Line 1																														
	Line 2																														
	Line 3			<u> </u>																											
	City			ļ			_																								
	State Country/		<u> </u> 	_	Zip	Code	·														Т		1		1	Т		1	1		
	Province							<u> </u>	ļ							Ш								<u> </u>	ļ	<u> </u>	_ _	ļ	J		
5	Print name u	nder wh	nich you	ur de	gree	was a	awarde	d:																							
6																															
	School attended:																														
7	Title of degree:																														
	Date degree was awarded: /																														
8	I request and give my permission to the school listed in item 6 above to provide any information requested, including that requested on this form to the New York State Education Department.																														
	Applicant's s	ignature	e:																				[Date:	:	no.	_/_	day	/	yr	r.
							Lan	dsca	ape /	Arch	itec	t Fo	rm	2, Pa	ge	1 of	2, (Rev	ı. 02	/06)										

	ECTION II: CERTIFICATION OF Education FRUCTIONS TO REGISTRAR: Please complete Section II, sign and date the cer	tifying statement and attach an official school
	transcript. Please return this form directly to the Off of this form. Do not return this form to the applicant. by the applicant.	ice of the Professions at the address at the end
1	Name of applicant:(See Section I, item 5)	
2	Date of applicant's entrance, date of completion of studies or withdrawal from the so	hool:
	Entrance date:/// Completion/withdrawal date:	no. / / / yr.
	Degree awarded:	ate awarded: / / / / yr.
3	Attach transcript, marksheets, or other record showing courses studied by year courses taken at the school.	and passes (with grades if available) of all
4	List any courses convalidated or accepted for transfer credit by your school. Good convalidated and the name of the institution from which the credit was transferred.	ve the basis on which these subjects were
1.1	EGISTRAR'S CERTIFICATION hereby certify that to the best of my knowledge and belief the information in S ducational record of the individual named on this form. Signature:	
	Print or type name:	
	Title or official position:	_
	Institution:	(COLLEGE SEAL)
	Address:	_
	Telephone: Fax:	_
	E-mail address:	_
Returr	New York State Education Department, Office of the Professions, Divisional Architecture Unit, 89 Washington Avenue, Albany, NY 12234-1000.	sion of Professional Licensing Services, Landscape
	Landscape Architect Form 2, Page 2 of 2, (Rev.	02/06)