Land Surveyor 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

- 1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 10.
- Send the entire 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.

records.																															
Section I: Applicant Information																															
1	Social Security Number																														
3																															
	Last]															
	First															_															
	Middle																														
4	Mailing Address (You must notify the Department promptly of any address or name changes.)																														
	Line 1																														
	Line 2																														
	Line 3																														
	City																														
	State					Zip	Со	de																							
	Country/ Province																														
5	Print name under which degree/diploma was awarded (if different from above):																														
	Name:																														
6	Secondary and/or preprofessional school attended:																														
	(preceding professional school) Dates of attendance from: / to: / /																														
	Dates of a	attend	ance	tron	n:	mc							/r.		·	to: _	mo			day	_ / _	у		_							
7	Professio	nal sc	hool a	attenc	led:																										
	Dates of	attend	ance	fron	n:									_		to: _					_/_										
	14/					mc			day	<u>'</u>			r.	_			mo	•		day		У	r.								
8	3																														
	If yes, Titl	le:														F	Field					Dat	e _	mo	o.	_/_	da	ıy	_ / _	yr.	
9	9 Check all that apply: Day student Evening student Part-Time student Co-op student																														
	☐ Branch campus at																														
10	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.																														
audiess at the end of this lotti.																															
	Applicant	's Sigr	nature	:																			_			_/_	ام		_/		
								L	and	l Su	rve	vor	· Fo	rm	2. F	Page	1 of	2 (F	Rev.	. 5/09)				mo	ο.		da	ıy		yr.	
	Land Surveyor Form 2, Page 1 of 2 (Rev. 5/09)																														

Section II: Certification of Professional Education										
	(1) Either Part A or Part B as appropriate; and (2) Part C and and return both pages of this form in an official school envelope with requested documents directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. This form will not be accepted if returned by the applicant.									
Name of applicant:										
PART A - HIGH SCHOOL EDUCATION OR UNREGIS	STERED PROGRAMS	An official transcript m	nust be attached.							
Note: Please attach an official transcript or mar clearly identified on transcript, list any courses co institution from which credit was transferred.										
Title of program										
Name of Department offering program										
Dates of attendance: from:/ / day	_ / to:	////	yr.							
Was a degree awarded? ☐ Yes ☐ No										
If yes, state exact title		Date degree was awar	rded / mo.	/ day yr.						
PART B - ACCREDITATION BOARD FOR ENGINEE 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:										
has satisfactorily completed all requirements for the	Name of appli Associate or Bach			and was						
awarded the degree (date of faculty approval to awar	rd degree; not the date	of graduation ceremony	Program title y) on/	/						
or, for baccalaureate degree candidates only, is expec	degree on /	mo. / day yr.	day yr.							
PART C - CERTIFICATION (To be completed by AL	L schools)									
I hereby certify that to the best of my knowledge a professional education of the individual named on	and belief the information this form.	on in Section II is a true s	statement of the reco	ord of the						
Signature of Registrar:			Date: / _	/ day yr.						
Print or Type Name:			mo.	ady yi.						
Title or official position:										
Institution:										
Address:			(INSTITUT	ION SEAL)						
City: State	Zip Code _									
Telephone:	_ Fax:									
E-mail Address:			-							
Return Directly to: New York State Education Dep Land Surveying Unit, 89 Wash			of Professional Lic	ensing Services,						

Land Surveyor Form 2, Page 2 of 2 (Rev. 5/09)