

SECTION II: CERTIFICATION OF EDUCATION FOR ENGINEERING

INSTRUCTIONS TO THE REGISTRAR

Please complete Part A and Part B or C as appropriate, sign the attestation and return this form directly to the Office of the Professions at the address shown below. **This form will not be accepted if returned by the applicant or any other person(s) or agency other than the proper school authority.**

Name of applicant: _____

Part A – Program Information

Exact title of the degree applicant earned: _____

Exact name of the program applicant completed: _____

Name of applicant option or concentration, if any: _____

Exact name of department awarding degree: _____

This student was enrolled in: Day program Evening program Co-op program
at the _____ campus.
Name or location of branch

What date did the student enter the school and what date did the student complete his/her studies or withdraw from school:

Entrance date: _____ Completion/withdrawal date: _____

What date was the applicant awarded his/her degree: (If no degree awarded, so state) _____

What date did the student become eligible for his/her degree award: (If any) _____

Part B – Accredited Programs – Complete if your program is accredited by the Accreditation Board for Engineering and Technology (ABET) (Check only one box)

The applicant:

- has completed 3 years and is within twenty (20) credits of graduation in a baccalaureate program in ENGINEERING, which is currently accredited by the Engineering Accreditation Commission of ABET, or
- graduated from a baccalaureate program in ENGINEERING, which was accredited at that time by the Engineering Accreditation Commission of ABET or within one year prior to such accreditation, or which was at the time registered by the New York State Education Department as licensure-qualifying in engineering, or
- graduated from a baccalaureate program in ENGINEERING TECHNOLOGY, which was accredited at that time by the Technology Accreditation Commission of ABET.

Part C – All Other Programs, including all Graduate and Foreign Programs – Complete this section.

- Official school transcript or marksheet is attached.

ATTESTATION

I hereby certify that to the best of my knowledge and belief the foregoing is an accurate statement of the educational record of the individual named on this form.

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

Print name: _____

Title: _____

Institution: _____

INSTITUTION SEAL

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

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