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

Note: Complete this form ONLY if you were educated outside the United States or were licensed in another jurisdiction prior to September 1, 1999. For those licensed after September 1, 1999 transcripts will be included in the IDP record.

- Complete Section I in ink. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8.

| 2. | 2. Send the entire form to the school where you completed your professional education and request that they complete Section II and return this form directly to the Office of the Professions. This form will not be accepted if submitted by the applicant. Be sure to include any fee required by the school. Keep a copy for your records. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 | Was degree | e/cert | ifica | ıte/di | plor | na a | awa | rde | d? | | | | es | | | No | | | | | | | | | | | | | | | | | |
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| Sec | ction II: Certification of | f Education | | | | | | | | | | |
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| Ins | tructions to Registrar: | Please complete this to directly to the Office of applicant. This form v | of the Profes | sions at the | e address a | at the en | d of this fo | orm. Do | | | | |
| 1 | Name of annihilation | | | | | | | | | | | |
| | I Name of applicant: | | | | Section I, i | tem 5) | | | | | | |
| 2 | Date of applicant's enti | rance, date of completion | on of studies | s or withdra | awal from th | ne schoo | ol: | | | | | |
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| 3 | Attach transcript, mark taken at the time. | sheets, or other record | showing co | urses studi | ed by year | and pas | ses (with | grades | if avail | able) of | all cour | ses |
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