



**Section II: Certification of Professional Education**

**Instructions to the School: Please complete:** (1) Either Part A or Part B as appropriate; and  
(2) Part C 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: \_\_\_\_\_  
*(Section I, item 5)*

**PART A - HIGH SCHOOL EDUCATION OR UNREGISTERED PROGRAMS** An official transcript must be attached.

**Note:** Please attach an official transcript or marksheet showing the courses completed each year and the grades earned. If not clearly identified on transcript, list any courses convalidated or accepted for transfer credit by your school and the name of the institution from which credit was transferred.

Title of program \_\_\_\_\_ Concentration, if any \_\_\_\_\_

Name of Department offering program \_\_\_\_\_

Dates of attendance: from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Was a degree awarded?  Yes  No

If yes, state exact title \_\_\_\_\_ Date degree was awarded \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**PART B - ACCREDITATION BOARD FOR ENGINEERING AND TECHNOLOGY (ABET) ACCREDITED PROGRAMS OR NEW YORK 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: \_\_\_\_\_  
*Name of applicant*

has satisfactorily completed all requirements for the  Associate or  Bachelor's degree in \_\_\_\_\_ and was awarded the degree (date of faculty approval to award degree; not the date of graduation ceremony) on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Program title*  
mo. day yr.  
or, for baccalaureate degree candidates only, is expected to be awarded the degree on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**PART C - CERTIFICATION (To be completed by ALL schools)**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print or Type Name: \_\_\_\_\_

Title or official position: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

**(INSTITUTION SEAL)**

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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