



Secretary of State
Office of Professional Regulation

ENGINEERS
Certificate of Education

TO BE COMPLETED BY APPLICANT

Applicant's Name: _____
(Last) (First) (Middle) (Former)

Address: _____

Date of Birth: _____ Last four of Social Security # _____

Name of Institution: _____

City and State _____

Degree(s): _____ Date of Graduation: _____

Applicants Signature: _____ Date: _____

TO BE COMPLETED BY THE INSTITUTION GRANTING DEGREE (if applicant has more than one degree, please complete a separate form for each degree earned):

I hereby certify that _____ was admitted to
(Applicant's Name)

The _____ College of Engineering
or Engineering Technology _____ on _____ and
(City and State) (Date)

completed all requirements for graduation on _____
(Date)

A _____ in _____ was granted on _____
(Specify: Certificate/Diploma/Degree) (Field) (Date)

Was this degree program approved by the Accreditation Board for Engineering and Technology (ABET) at time of graduation? Yes (ABET-EAC) _____ Yes (ABET-ETAC) _____ No _____

Print name and title: _____

Signature _____ (Authorized agent of the institution)

Title _____ Date _____

(SEAL)