



Secretary of State  
Office of Professional Regulation

**ENGINEERS**  
Certificate of Engineering Education (Intern)

**TO BE COMPLETED BY THE APPLICANT:**

Applicant's Name: (Last, First, Middle)

Former:

Address:

Date of Birth:

Last four of SS #:

Name of University/College:

City and State:

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

Applicant's Name: (Last, First, Middle)

Name of College of Engineering or Engineering Technology:

Address:

Date of Admission:

No. of Semesters Completed:

Has this student completed all requirements for graduation? Yes or No If yes:

Indicate date:

Degree:

Or: Has this student completed at least six full-time semesters? Yes or No

What is expected graduation 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 \_\_\_\_\_

Signature (Authorized Agent of the Institution): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SEAL

The College or University must send the completed form to the Office of Professional Regulation, Engineer Intern Licensing, the applicant cannot provide this form to the office.