



**Section II: Certification of Education for Geology: (Please print or type)**

**Instructions to the Registrar:** Please complete Part A and Part B or C as appropriate, sign the attestation and return all pages of this form in an official envelope **directly** to the Office of the Professions at the address 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: \_\_\_\_\_  
*(Section I, item 3)*

**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 - New York State Licensure-Qualifying Programs - Complete if your program was registered by the New York State Education Department as licensure qualifying. (Check only one box)**

The applicant:

- has completed 3 years and is within twenty (20) credits of graduation in a baccalaureate program in geological sciences which is currently registered as licensure-qualifying; or
- graduated from a baccalaureate program in geological sciences which was at the time registered by the New York State Education Department as licensure-qualifying.

**Part C - All Other Programs, Including all Graduate and Foreign Programs - Complete this section.**

- Official school transcript or marksheet is attached.

**Certification**

I hereby certify that to the best of my knowledge and belief the foregoing is an accurate statement of the educational record of the applicant named above.

Signature or Registrar or Designee: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print name: \_\_\_\_\_

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

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, Professional Geology Unit, 89 Washington Avenue, Albany, NY 12234-1000.**