

**Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
ARCHITECT DEGREE VERIFICATION FORM**

Instructions

Section A: To be completed by the applicant, then forwarded to the college or university for certification.

Section B: To be completed by the institution listed on this application and returned to the applicant.

Section A:

1. Applicant's Name _____
Last First Middle Generation
2. Provide your Social Security Numbers: _____ - _____ - _____
3. Date of Birth _____
MM/DD/YYYY
4. Mailing Address _____
(PO Box accepted)
City State Zip Code
5. Email Address _____
6. Contact Numbers _____
Primary Telephone Alternate Telephone
7. Name of Institution _____
8. Address of Institution _____
City State Zip Code
9. Dates Attended From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY
10. Degree _____
11. Applicant's Signature _____ Date _____

Section B:

Certification

I hereby certify that the individual named on this application graduated from this school/institution.

Degree _____ Major _____

Date Degree Received _____
MM/DD/YYYY

Signature _____

Affix official school seal here.

Official Title _____