



**Note to Applicant**

Please send this form to the registrar or controller of your institution. Please note that there may be fees involved for this service at some institutions.

**NCEES ID:**

**Name:**                      **Last (Family):**                                      **First (Given):**                                      **Middle:**

**Date of birth:**

**E-mail:**

**Institution:**

**Attended:**

**Degree:**

### Institutional Certification

**Note to the institution, please provide the following documents to NCEES:**

- **Transcripts:** Submit transcripts, mark sheets, or official academic records listing all courses and credits/hours of instruction for lectures and labs; including failures, grades or marks, credits, degree/program completed and graduation date.
- **Diploma:** Provide a degree verification letter stating the official degree/professional title awarded and the date.
- **Course Descriptions:** Any type of materials that contains the description of each course (i.e. course catalogs, course descriptions or syllabi) from the time of study.

**\* Documents must arrive by mail**

Name of institution:

Previous name(s) of institution:

Telephone Number:

**I certify that the documentation presented represents the applicant's original academic record and has been prepared, issued, and signed by the appropriate institutional authorities.**

\_\_\_\_\_  
Name of institutional official (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Official Title

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

\_\_\_\_\_  
Date Issued

**Send by mail to:**  
NCEES Credentials Evaluations  
Attn: NCEES ID 18-833-46  
PO Box 1686  
Clemson, SC 29633

**Send by UPS, FedEx, etc. to:**  
NCEES Credentials Evaluations  
Attn: NCEES ID 18-833-46  
280 Seneca Creek Road  
Seneca, SC 29678

**(Institutional Seal)**