REPORT OF STUDENT STATUS
- PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION-

1. Print your name, address, social security number, and exam date in the boxes provided.

    This form will be scanned electronically.

    Last Name

    First Name

    Middle Name

    Street Address

    City   State/Province

    Zip/Postal Code

    U.S. Social Security Number

    Exam Date (Month, Year)

MAIL TO: Professional Engineering Services (PCS)
ATTN: PA ENG COORDINATOR
P. O. Box 198728
NASHVILLE, TN 37219-8689

2. **Registrar's office must provide the information requested below and return completed form <u>directly to Professional Credential Services (PCS)</u>. Transcripts are not required.**

This is to certify that _____
(Name of Student)

is a student at _____
(Name of College or University and specific campus, if applicable)

and is currently in his/her ☐ **<u>Junior</u>**   OR   ☐ **<u>Senior</u>**   **year of study in pursuit of a degree in**

_____
(Type of Degree and Major)

This degree ☐ **<u>is</u>** ☐ **<u>is not</u> from a curriculum accredited by the Accreditation Board for Engineering and Technology (ABET).**

School Address: Street:

City: State: Zip Code:

SCHOOL SEAL (Mandatory)

CERTIFIED: _____
(Registrar's Signature)