



STUDENT APPLICATION FOR CERTIFICATION OF ENGINEERING INTERN

(Incomplete applications will not be accepted.)

FOR OFFICE USE ONLY

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DO NOT WRITE IN THIS SPACE

Application number	Date received	Certification number	Date received
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This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of this board under I.C. 25-31. Incomplete applications are subject to denial by the board. All information on this form, except your social security number, will be treated as a public record. Your social security number is required by the agency in accordance with I.C.4-1-8.1. Disclosure is mandatory; this application cannot be processed without it.

An individual who is enrolled as a senior in an ABET-accredited engineering curriculum in a college or university in Indiana may take the last FE examination offered prior to the individual's scheduled graduation. This individual must complete this student application. The student application is valid for only one attempt. Repeat examinees must complete the entire Indiana state form 9101.

1. Type or print in ink all sections of the application.
2. Return completed application to ELSESES, PO Box 1687, Clemson, SC 29633-1687.
3. Pay your exam fees via the ELSESES Web site www.els-examreg.org (fees stated on Web site).

1 APPLICANT INFORMATION				
Name of applicant (<i>first, middle, last</i>)		Have you ever had a name change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social security number
Birthplace			Birthday	
Student address (<i>number and street</i>)			Email address	
City, state, ZIP code			Home telephone number ()	
Permanent address (<i>number and street</i>)				
City, state, ZIP code				
2 COLLEGE INFORMATION				
NAME OF INSTITUTION	TITLE OF DEGREE (e.g., B.S. in Civil Engineering)	DATES ATTENDED		EXPECTED GRADUATION DATE
		From	To	
3 PERSONAL BACKGROUND				
Have you ever been denied certification as an engineering intern or professional engineer or has a certificate ever been revoked/suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been convicted of: (A) an act which would constitute a ground for disciplinary sanction under I.C. 25-31 or (B) a felony that has a direct bearing on your ability to practice competently? Codes and regulations may be found at www.in.gov/pla/bandc/engineers . <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you previously applied for and or taken the FE examination in Indiana or in any other state? <i>If yes, attach a statement identifying dates, states, and any other pertinent information.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
4 CERTIFICATION				
I hereby swear or affirm, under the penalties of perjury, that the statements contained in this application are true and correct to the best of my knowledge and that granted registration I will abide by the Indiana Registration Act and Rules of the Board. I am currently enrolled in the institution listed above and expect to receive within 6 months of the date of this application a bachelor's degree in engineering.				
_____ Signature of Applicant			_____ Printed or Typed Name of Applicant	
Date _____				