

ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS

VERIFICATION OF DEGREE GRANTED

APPLICANT SHALL COMPLETE THE UPPER PART OF THIS FORM

Name in Full: _____

Home Address: _____

Business Address: _____

Birth Date: _____ Social Security No. _____

College or University Attended: _____

Applicant's Signature: _____ Date: _____

(After completion of above, the applicant shall send this form to each college or university from which he/she has obtained a degree in geology or related field. Please request the following certificate be completed and that an official transcript and this form be returned directly to the Board. Under no circumstances will the Board accept transcripts from the applicant.)

CERTIFICATE

I hereby certify that the above name applicant has graduated from this institution with a degree of:

_____ Major: _____

on _____

An official transcript of the applicant's academic record at this institution is attached.

Signature: _____

SEAL OF UNIVERSITY

Official Position: _____

Institution: _____

Date: _____

Return to:

**ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS
2740 ZELDA RD, BOX # 5
MONTGOMERY, AL 36106**