## MISSISSIPPI BOARD OF LICENSURE FOR PROFESSIONAL ENGINEERS & SURVEYORS 660 NORTH STREET, SUITE 400 JACKSON, MS 39202 (601) 359-6160

#### APPLICATION FOR ENROLLMENT AS AN ENGINEER INTERN

IMPORTANT -- Please read and understand this form and the Mississippi laws before you complete this application. All information requested on this form **MUST BE TYPED** and all questions must be answered. Retain a copy for your files. If complete addresses for universities and all references are not provided, this application will be returned.

Application must be accompanied by a \$25.00 check for the application fee made payable to the **Board of Licensure** and turned into the Office of Engineering Academic Affairs, 160 McCain Engineering.

GENERAL INFORMATION (Circle b. or c. to indicate your preference)	rence for your address of record with this Boa
a. Name in full:*	Social Security #:
b. Residence address:	Telephone:
County:	
c. Business name and address:	
	Position:
d. Email Address:	
e. Birth date:	
f. State of Legal Residence:	
g. Have you ever filed an application with this State Board?	
If yes, type of application: When?	
Has your name been changed since birth?**	
Was your previous application made with the same name?	
h. Have you ever been disciplined by a state licensing authority?**_	

<sup>\*</sup>Your FULL name is a statutory requirement. DO NOT USE INITIALS.

<sup>\*\*</sup>If responses to items g. or h. are YES, explain on a separate sheet labeled Addendum.

### 2. EDUCATION

Name and Complete Address of College or University***	Years A From	ttended To	Major	Date of Graduation	Degree Received or Expected
College of Offiversity	FIOIII	10		Graduation	OI Expected

<sup>\*\*\*</sup>Use Mississippi State University, Mississippi State, MS 39762 where appropriate.

3.	<b>AFFIDAVIT</b>	CERTIFICATION.	<b>AUTHORIZATION</b>	AND REL	EASE
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State of Mis	ssissippi, County of: Oktik	nheha	
			, being first duly sworn, deposes and says:
	(Applicant's Name	)	
			e contents hereof, and to the best of my knowledge and belief the ostance and effect and are made in good faith.
Board of Lice professional company or	ensure for Professional En licensure in Mississippi wh	ngineers and Sur hich they have o als connected th	titution with whom I have been associated to furnish the Mississippi rveyors with any information concerning my qualifications for on record or otherwise, and do hereby release the individual, erewith from all liability for any damage whatsoever incurred by me
****Subscrib	ed and sworn to before me	e this	
	day of	, 20	(Signature of Applicant)
	day of	, 20	(Signature of Dean's Representative)

\*\*\*\* The signature of the Dean of Engineering or of the Dean's authorized representative, where an applicant is enrolled as a student, will be accepted in lieu of notarization.

#### **REFUNDS**

Once an application has been reviewed by the Board, there will be no refund of the application fee, regardless of whether the application is approved, not approved, deferred, rejected or withdrawn.

# DEPARTMENTAL APPROVAL FOR STUDENT TO TAKE FE EXAM

I certify that			
Print Name of Departmental Representative	 Department		
Signature of Departmental Representative	Date		

Note: This completed must be submitted to the Office of Undergraduate Affairs in order to register for the Fundamentals of Engineering Exam. Once your application has been received this page will be removed and will not be submitted to the Board of Licensure. This additional approval is done in accordance with Board of Licensure policy approved at their February 2009 Board meeting.