

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
BOARD OF PROFESSIONAL SURVEYORS
P.O. Box 30018, Lansing, MI 48909
517-241-9253
www.michigan.gov/commerciallicensing

SUMMARY OF EDUCATION

AUTHORITY: P.A. 299 of 1980, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

NOTE: IF YOU GRADUATED FROM MTU OR FSU, DO NOT COMPLETE THIS FORM.

Print or Type all responses.

Name of Applicant	Daytime Telephone
Undergraduate College or University where you earned your bachelors degree	
Graduate College or University where you earned your masters degree	

OFFICIAL TRANSCRIPTS ARE REQUIRED TO VERIFY THE DEGREE AND/OR COURSEWORK SHOWN BELOW. EACH COURSE LISTED BELOW MUST BE IDENTIFIED BY COURSE NUMBER AND TITLE.

Mathematics Courses (12S/18Q)		# of Credit Hours	Subtotal
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Reviewer Comments		# Credited	# Required
Humanities and Communication Courses (10S/15Q)		# of Credit Hours	Subtotal
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Reviewer Comments		# Credited	# Required
Law and Business Courses (10S/15Q)		# of Credit Hours	Subtotal
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Reviewer Comments		# Credited	# Required
Further Development Courses (6S/9Q)		# of Credit Hours	Subtotal
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Reviewer Comments		# Credited	# Required

Basic Science Courses (18S/27Q)		# of Credit Hours	Subtotal
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Reviewer Comments		# Credited	# Required
Engineering Science Courses (8S/12Q)		# of Credit Hours	Subtotal
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Reviewer Comments		# Credited	# Required
Engineering Courses (13S/20Q)		# of Credit Hours	Subtotal
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Reviewer Comments		# Credited	# Required
Surveying Courses (30S/45Q)		# of Credit Hours	Subtotal
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
	<input type="checkbox"/> Semester <input type="checkbox"/> Quarter		
Reviewer Comments		# Credited	# Required

I hereby certify that the information provided on this form is true and correct. I am aware that a false statement or dishonest response may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Michigan Department of Labor & Economic Growth and it's agents to investigate any information provided on this form and authorize release of my educational transcripts for review in conjunction with this form.

Signature _____

Date _____