

**WYOMING BOARD OF PROFESSIONAL GEOLOGISTS
REQUEST FOR TRANSCRIPTS AND VERIFICATION OF DEGREES**

TO THE APPLICANT: Please fill out the following information pertaining to yourself and the institution you are requesting verification and transcripts from (please type or print):

NAME AND ADDRESS OF INSTITUTION: _____ **APPLICANT'S NAME AND ADDRESS:** _____

Name

Name

PO Box/Street Number

TO THE REGISTRAR'S OFFICE: I am submitting an application for licensing to the Wyoming Board of Professional Geologists. The following information will aid you in providing the Board with the information they have requested:

Date(s) of attendance: _____

Last date of enrollment (please include extension/correspondence courses; list year):
Spring _____ Summer _____ Fall _____ Winter _____

Degree and year awarded: _____

Degree and year awarded: _____

Degree and year awarded: _____

Social Security Number: _____ Date of Birth: _____

Name(s) under which I attended your institution: _____

I, hereby, request that you confirm this information by completing this form and mailing it and an official copy of my transcripts to:

**WYOMING BOARD OF PROFESSIONAL GEOLOGISTS
2617 E. Lincolnway Suite I
Cheyenne, WY 82001**

TO BE COMPLETED BY DEGREE-GRANTING INSTITUTION ONLY

This is to certify that _____ received his/her Bachelors (Year _____);
Name of Applicant
 Masters (Year _____); PhD (Year _____) degree(s) from _____
Department/College

SIGNATURE OF REGISTRAR: _____ DATE: _____