



REQUIRED: Complete address, phone, and email

Name: _____
ENTER YOUR NAME EXACTLY AS YOU WOULD LIKE IT TO APPEAR ON YOUR CERTIFICATE: FIRST NAME MIDDLE LAST NAME, CREDENTIALS

Date of Birth (MM-DD-YYYY): _____ Preferred Mailing Address: Home School

SCHOOL INFORMATION

School:	
Department:	
Address:	
City:	
State/Province:	
Zip Code:	
Country:	
Faculty Contact:	
Faculty Phone:	
Faculty Email:	
Faculty Fax:	

SCHOOL MAILING ADDRESS

Address:	
City:	
State/Province:	
Zip Code:	
Country:	
Phone:	
Email:	

HOME (PERMANENT) ADDRESS (MUST BE FILLED IN)

Address:	
City:	
State/Province:	
Zip Code:	
Country:	
Phone:	
Email:	

DEGREE CONCENTRATION

<input type="checkbox"/> Technician	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Associate	<input type="checkbox"/> Master	<input type="checkbox"/> Undecided
<input type="checkbox"/> Other Education: _____		
Expected graduation date: _____		

Please do not use my email address for communications outside of SME.

PURCHASE SELECTION (check all that apply)

MEMBERSHIP

One-Year SME Student Membership: \$20.00

EXAM FEE AND FORMATS

Electrical/Electronics Engineering Technical Outcome Assessment (EET)

Online Exam: \$80.00

Paper/Pencil Exam: \$80.00

TOTAL: _____

Can we thank anyone for referring you? _____

METHOD OF PAYMENT

Please remit application and check/money order payment to:
SME
Attn: Certification
1000 Town Center, Suite 1910
Southfield, MI 48075

Credit Card Number: _____ Expiration (MM/YY): _____
Cardholder Address: _____ City: _____
State/Province: _____ Zip Code: _____ Country: _____

<p>Would you like to receive or continue to receive Manufacturing ENGINEERING digital magazine free of charge? Yes No</p> <p>Signature: _____</p> <p>Date: _____</p>  <p>Download the app from iTunes® to read the magazine on your iPhone and iPad.</p>	<p>CERTIFICATION AUTHORIZATION</p> <p>I hereby attest that all facts on this application are correct and no false information has been supplied. Further, I release SME to make any inquiries, which are necessary in ascertaining my qualifications for certification. I agree to abide by the decision of the Certification Oversight and Appeals Committee.</p> <p><input type="checkbox"/> SME may release my exam score to my employer, instructor, and/or school.</p> <p>Signature: _____</p> <p>Date: _____</p>
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NOTE: This application, along with the **Proctor Form and Agreement**, must be received by SME at least two weeks prior to your planned exam date.

All prices are subject to change without notice. Visit sme.org/EET for the latest information.