



**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

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: \$110.00

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): \_\_\_\_\_ CVV: \_\_\_\_\_  
Cardholder Address: \_\_\_\_\_ City: \_\_\_\_\_  
State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

<p>Would you like to receive or continue to receive <b>Manufacturing ENGINEERING</b> digital magazine free of charge? Yes    No</p> <p>Signature: _____ Date: _____</p>  <p>Download the app from iTunes® to read the magazine on your iPhone and iPad.</p>	<p><b>CERTIFICATION AUTHORIZATION</b></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: _____ 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](http://sme.org/EET) for the latest information.