



FEANI REGISTER APPLICATION FORM

FOR ENROLMENT IN THE REGISTER
AND FOR THE DESIGNATION OF EUROPEAN ENGINEER EUR ING

(Guide to the FEANI Register and an example for Professional Review Report:
<http://www.feani.org> section « EUR ING »)

FOR OFFICIAL USE ONLY

National Monitoring Committee (NMC) of

National Registration Number

PERSONAL DATA

Male Female

(Type X in the appropriate square)

Full Name (Family name in uppercase):

Date of birth:

Nationality:

Telephone:

Fax:

Email:

Address for correspondence:

LANGUAGES

Mother tongue:

Other languages:

Fluent

Elementary

BOX 1**SECONDARY EDUCATION**

Final certificate:

(Copy of certificate attached)

BOX 2**HIGHER EDUCATION IN ENGINEERING**

Institution awarding degree:

Country:

Discipline :

Date:

Academic award / Title:

Abbreviation:

Study from:

To:

(Copy of certificate attached)

FOR COMPLETION BY NMC

Programme included in FEANI Index :

(According to the Guide : Art. 5.3a)

Verified by NMC

Duration of Programme in FEANI INDEX: (U) : _____ (T) : _____

Degree Type:

FCD

SCD

Programme accepted by NMC as equivalent to FEANI Index :

(According to the Guide : Art. 5.3b)

Programme in Mathematics/Science accepted by NMC :

(According to the Guide : Art. 5.4a)

Name:

Signature:

BOX 3**SPECIAL CASES
TECHNICAL EDUCATION OTHER THAN BOX 2**

(According to the Guide : Art. 5.4b)

Details of any technical education post secondary:

Study from:

To :

Any titles awarded, description and name of awarding body:

(Copy of certificate attached)

FOR COMPLETION BY NMC

Statement of justification of assessment of experience to support application:

BOX 4**PROFESSIONAL ENGINEERING EXPERIENCE**

Candidates should attach a written and signed description of their professional engineering experience, giving details of the employer(s), positions held and duration, and demonstrating their increasing levels of responsibility. (See Guide: Art. 7.2c)

Length of document to be about one page A4.

These details must be certified/endorsed by the employers.

FOR COMPLETION BY NMC

Professional Engineering Experience (Years):

Required for EUR ING: _____ E

Additional: _____ E

Country: _____

Total recognised : _____ E

Verified by NMC

Name:

Signature:

BOX 5**PROFESSIONAL TITLE
(If any)**

Title:

Abbreviation:

Awarded by:

Date :

BOX 6**CERTIFICATION BY CANDIDATE**

I apply for enrolment in the FEANI Register and for the award of the designation of European Engineer EUR ING (See Guide Art. 5.3 or 5.4)

I certify that the above-mentioned information is correct and I agree to comply with the FEANI Code of Conduct. I agree that my data are stored in the FEANI Register.

Date:

Signature:

BOX 7**ENDORSEMENT OF APPLICATION BY NMC****1st Examination**

Certified by NMC (name and signature):
Registration date of NMC :

2nd Examination (if deferred by EMC)

Certified by NMC :
Registration date of NMC :

BOX 8**DECISION BY EMC**

1st Examination :

Accepted

Deferred

Refused

Comments :

Date :

Name and Signature :

2nd Examination :

(If deferred at 1st examination)

Accepted

Deferred

Refused

Comments :

Date :

Name and Signature :