Application for Professional Registration by Reciprocity - Personal Information

 Applicant Information 	tion			
Please provide the informatio	n below.			
First Name*	Middle Name	Last Name*	Suffix	Title*
David	James	Hewitt		Mr.
Social Security Number*	Date of Birth*	Place of Birth*		
	11/20	Yakima, WA		
Are you a US Citizen?	Yes [*] ○ No [*]			
Have you previously been lice Architecture?	ensed with the Nevada Sta	te Board of Landscape	○ Yes*	● No*

Contact Information Residence Address* 6568 Coyote Call Trail City* State* Zip Code* County* Sparks NV 89436 Washoe Home Telephone* Country* Cell Telephone 443-838-3399 999-999-9999 **United States Primary Email** The Board will use this email address to communicate information to all licensees. Primary Email Address* david.hewitt123@gmail.com

Business Name [*]			
Phelps Engineering			
Address*			
10651 Professional Circl	е		
*	State*	ZIP Code [*]	County*
City [*]	• tuto		
Reno	NV	89521	Washoe
-			Washoe Country*

Mailing Preference

- I prefer to have mail from the Board sent to my home address.*
- \bigcirc I prefer to have mail from the Board sent to my business address*

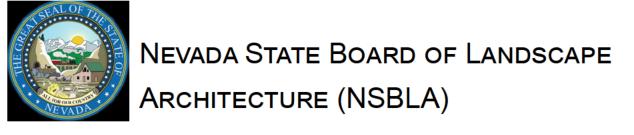
Application for Professional Registration by Reciprocity - Child Support

Nevada Business License Information

- I do NOT have a Nevada state business license number.*
- I have applied for a Nevada business license with the Nevada Secretary of State in compliance with the provision of NRS Chapter 76 and my application is pending.*
- I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76.*

Child Support Information

- I am not subject to a court order for the support of a child.*
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.*
- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.*



Legal Questions

CLARB Certified Council Record

CLARB Number*

43994

Do you currently have a CLARB Certified Council Record?

Have you requested for you CLARB Certified Council Record to be sent to the board?

Application for Professional Registration by Reciprocity - Legal Questions

If the answer to any of the following questions is "yes" a detailed explanatory state	tement will be require	d.
Have you ever been convicted of a misdemeanor or gross misdemeanor?*	○ Yes*	No*
Have you ever been convicted of a felony?*	O Yes*	● No*
- Military Information		
Have you ever served in the military?		
Which Branch of Service?*		
Navy/Navy Reserve		
What was your Military Occupation or Specialty?*		
Mass Communications Specialist		
What were your Date(s) of Service?*		
2004 - 2009		

Yes*

Application for Professional Registration by Reciprocity - Certification

Affidavit

I certify the information contained in this application to be truthful, complete and accurate.

I acknowledge that the Nevada State Board of Landscape Architecture will compile and evaluate a record containing all aspects of my education, experience, moral character and reputation. I agree to provide any additional information as requested by the Board. I hereby authorize any individual, company or institution with whom I have been associated to furnish to the Nevada State Board of Landscape Architecture any information concerning my qualifications for professional registration in Nevada which they have on record or otherwise, and do hereby release the individual, company or institution and all individuals therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

I attest that if I am (am not) subject to a court order for child support of one or more children that I am not out of compliance with the order or with a plan approved by the District Attorney or other public agency enforcing the order for repayment in the amount owed pursuant to the order.

I acknowledge that any statements, papers or documents received by the Board in its investigation may be transmitted by the Board to the Council of Landscape Architectural Registration Boards or other political subdivisions registering landscape architects as requested.

I attest that I am a citizen of the United States or that I am lawfully entitled to remain and work in the United States.

I am the applicant named in this application, have read and understand the contents thereof, and to the best of my knowledge and belief, the foregoing statements are true and correct in every respect.*

Photograph

Please securely attach a recognizable photo (2"x 21/2"). Photo must be taken within one year of submission of this application.

Click <u>here</u> for recommendations on uploading files.

Uploaded File(s)

David Hewitt NV LA photo.pdf

Application for Professional Registration by Reciprocity - Receipt

Receipt

Your confirmation number is 58193.

Name: David Hewitt

Total: \$275.00

Card: *

Date/Time: 10/26/2023 11:34:34 AM

Application Number: 2023-57

If you are connected to a printer, you may print this receipt for your records by clicking below. However, a copy of this receipt will be sent to your email address. <u>Print</u>

When the Download PDF button turns green, click below to download or save a PDF of your application.

You have successfully submitted the application. Allow 5-7 business days to process your application. To check the status of your application you may log into the online <u>Application Status</u> form.

The Application Number listed above will be used to submit the Post Graduate Work Verification form and the Landscape Architect Reference Form. Please provide this number to the applicable references.

L.A.R.E. Candidate: David Hewitt

The above mentioned candidate has indicated an application has been submitted to your Board. Below is a summary of the candidate's passing examination results, per his/her request.

Activity Date	Education Item	Credit Status
8/26/2014	Exam 1	Passed
12/8/2015	Exam 2	Passed
8/17/2018	Exam 3	Passed
8/19/2020	Exam 4	Passed

The Council of Landscape Architectural Registration Boards certifies the information provided is accurate and reflects the records of CLARB.

Please feel free to contact a CLARB staff member by phone (571-432-0332) or email (info@clarb.org) should you need assistance.

Sincerely,

Emily, Lauren and Shawn

Your Council Record Team



Postgraduate Work Verification Form - Employment

Applicant Information		
Applicant Name David James Hewitt		
Have you employed the above named applicant?	Yes*	○ No*

Company:*		
Phelps Engineering Services Inc		
Address:*		
10651 Professional Circle		
City:*	State:*	Zip:*
Reno	NV	89512
Phone:*	Fax:	
303-669-2314	(775) 555-0101	
Email:*	Your Position:*	
lphelps@phelpsengineering.net	President	
Indicate types of services rendered by firm:		
■ Landscaping Architecture	Contracting	Architecture
■ Planning	Engineering	Other
Position of immediate supervisor:		
 Registered Landscaping Architect* 	Registered Contra	actor [*]

Employment			
Start Date:*	End Date:*	Full or Part Time:*	Applicant's Position:*
10/11/2023	01/29/2024	Full Time	Landscape Architect
illulcate prilliary areas	in which applicant	spent time practicing Lands	cape Architecture.
Preparing landscape pla	ans to support the civ	il design.	
	ans to support the civ	il design.	
	ans to support the civ	il design.	

Postgraduate Work Verification Form - Qualifications

Qualifications				
Please indicate, to the best of y Architecture by selecting the rad		•	ns toward the	e practice of Landscape
Technical Competence	Excellent* Satisfa	ctory [*]	inal [*] Unsa	ntisfactory [*] ○ Unknown [*]
Professional Integrity	• Excellent* Satisfa	ctory [*]	inal [*] Unsa	ntisfactory [*] ○ Unknown [*]
Character (honesty/ethics)	• Excellent* Satisfa	ctory [*]	inal [*] Unsa	ntisfactory [*] ○ Unknown [*]
Do you consider the applicant or professional practitioner?	qualified to become a	Yes*	○ No*	Not qualified to answer
Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for registration. Please keep in mind it is the intent of registration to insure the safeguarding of public health, safety and welfare and it is the Board's responsibility to grant registration only to those who are qualified for the profession on the basis of quality of work, character and practical experience in Landscape Architecture. As one of the applicant's confirmation of work experience, it is expected that you are familiar with the professional work and have knowledge or his/her ability, character and reputation.				
Click <u>here</u> for recommendation	ons on uploading files.			

Certification ✓ I hereby certify that the information furnished on this application is true, accurate and correct to the best of my knowledge.* Your Name:* Lonny E Phelps Are you a Licensed Professional? Yes* No*

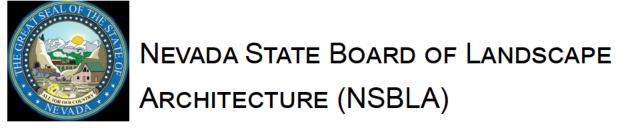
Profession:*	License Number:*	State Licensed In:*
Civil	25230	СО

Applicant Name	David James	Hewitt
Applicant Hanne	Davia vallico	1 10 1111

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

-	Questions
1.	How long have you known the applicant?* 5 years
2.	In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)* Daily interactions in office/professional setting.
3.	Would you be pleased to have this applicant as an associate with you in ● Yes* No*
4.	My general recommendation concerning this applicant is:
	Recommend highly without reservations*
	Recommend as qualified and competent*
	Recommend with some reservation*
	Do not recommend*
5.	Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.
	Technical Competence ● Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown*
	Professional Integrity • Excellent* Satisfactory* Marginal* Unsatisfactory* Unknown*

	Character (honesty/ethics)	■ Excellent* ○ Satisfactory* ○ Marginal* ○ Unstanting	satisfactory*	○ Unknown [*]	
6.	Do you consider the applican Architect in the State of Neva	t fully qualified to become a registered Landscape	Yes*	○ No*	
	Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for licensure.				
•	Click <u>here</u> for recommendations	s on uploading files.			



Attestation

✓ I attest that the referenced applicant is of good moral character and has never:*

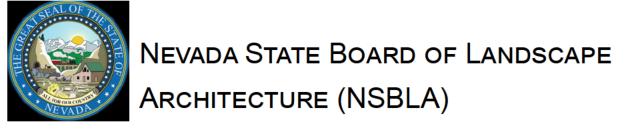
● Yes* ○ No*	
License Number:*	State Licensed In:*
45568	AZ
	License Number:*

Applicant Na	me David	James	Hewitt
Applicatic He	anno David	Janics	I IC WILL

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

	Questions
1.	How long have you known the applicant?* 5 years
2.	In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)* I have observed him in office and professional organizations outside of work. I saw him at work every day for under three years and saw him at professional events for 3 years.
3.	Would you be pleased to have this applicant as an associate with you in practice?
4.	My general recommendation concerning this applicant is:
	Recommend highly without reservations*
	Recommend as qualified and competent*
	Recommend with some reservation*
	Do not recommend*
5.	Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.
	Technical Competence ● Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown
	Professional Integrity ■ Excellent* Satisfactory* Marginal* Unsatisfactory* Unknown

	Character (honesty/ethics)	■ Excellent* ○ Satisfactory* ○ Marginal* ○ Unstanting	satisfactory*	○ Unknown [*]	
6.	Do you consider the applican Architect in the State of Neva	t fully qualified to become a registered Landscape	Yes*	○ No*	
	Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for licensure.				
•	Click <u>here</u> for recommendations	s on uploading files.			



Attestation

✓ I attest that the referenced applicant is of good moral character and has never:*

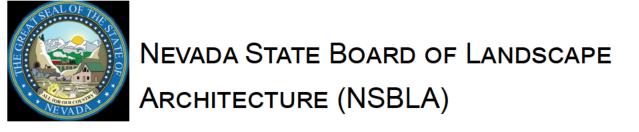
Yes* No*	
License Number:*	State Licensed In:*
0406002307	VA
	License Number:*

Applicant Name	David James	Hewitt
Applicant Hanne	Davia vallico	1 10 11 100

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

Questions How long have you known the applicant? 5 years In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational 2 institutions, professional organizations etc./daily, weekly, monthly, etc.) Daivd Hewitt and I worked together at EPS Group Inc. in Mesa Arizona for 5 years. He was on the landscaping team. I was on the engineering team. We worked on multiple projects together. When we were working on the same projects, we were in daily communication. Would you be pleased to have this applicant as an associate with you in Yes* ○ No* 3. practice? My general recommendation concerning this applicant is: 4. Recommend highly without reservations* Recommend as qualified and competent* Recommend with some reservation* Do not recommend* Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below. • Excellent* O Satisfactory* O Marginal* O Unsatisfactory* O Unknown* **Technical Competence**

	Professional Integrity	■ Excellent* Satisfactory* Marginal* Unsatisfactory* Unknown*		
	Character (honesty/ethics)	■ Excellent* Satisfactory* Marginal* Unsatisfactory* Unknown*		
6.	Do you consider the applicar Architect in the State of Neva	nt fully qualified to become a registered Landscape ● Yes* ○ No* ada?		
Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for licensure.				
	Click <u>here</u> for recommendations on uploading files.			



Attestation

✓ I attest that the referenced applicant is of good moral character and has never:*

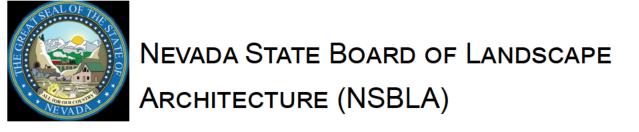
Yes* No*	
License Number:*	State Licensed In:*
71354	AZ
	License Number:*

Applicant Name	David James	Hewitt
Applicatit Hallic	David vallics	I IC WILL

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

(Questions		
1.	How long have you known the applicant?* 90 days		
2.	In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)* Day to day office setting		
3.	Would you be pleased to have this applicant as an associate with you in practice?		
4.	My general recommendation concerning this applicant is:		
	Recommend highly without reservations*		
	Recommend as qualified and competent*		
	Recommend with some reservation*		
	○ Do not recommend*		
5.	Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.		
	Technical Competence ● Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown*		
	Professional Integrity • Excellent* • Satisfactory* • Marginal* • Unsatisfactory* • Unknown*		

	Character (honesty/ethics)	■ Excellent* ○ Satisfactory* ○ Marginal* ○ Unstanting	satisfactory*	○ Unknown [*]	
6.	Do you consider the applican Architect in the State of Neva	t fully qualified to become a registered Landscape	Yes*	○ No*	
	Please upload any additional information or comments you feel would benefit the Board in determining the applicant's qualifications for licensure.				
•	Click <u>here</u> for recommendations	s on uploading files.			



Attestation

✓ I attest that the referenced applicant is of good moral character and has never:*

Your Name: [^]		
Lonny E Phelps		
Are you a Licensed Professional?	● Yes* ○ No*	
Profession:*	License Number:*	State Licensed In:*
Civil	25230	со

Please keep in mind it is the intent of licensure to insure the safeguarding of public health, safety and welfare, and it is the Board's responsibility to grant licensure only to those who are qualified for the profession on the basis of quality of work, moral character and practical experience in Landscape Architecture. As one of the applicant's references, it is expected that you are familiar with the applicant's professional work and have knowledge of his/her ability, character, and reputation.

- (Questions
1.	How long have you known the applicant?* 6 months
2.	In what setting(s) and with what frequency did you observe the applicant? (I.e., office, educational institutions, professional organizations etc./daily, weekly, monthly, etc.)* Collaborated with applicant on about a half dozen projects related to site planning layout, landscaping and landscape irrigation related issues. Most of our communication was via video conference call and exchange of exhibits.
3.	Would you be pleased to have this applicant as an associate with you in practice?
4.	My general recommendation concerning this applicant is:
	Recommend highly without reservations*
	 Recommend as qualified and competent*
	Recommend with some reservation*
	○ Do not recommend*
5.	Please indicate, to the best of your knowledge, the applicant's qualifications toward the practice of Landscape Architecture by selecting the radio button in appropriate spaces below.
	Technical Competence ● Excellent* ○ Satisfactory* ○ Marginal* ○ Unsatisfactory* ○ Unknown*

	Professional Integrity	■ Excellent* Satisfactory* Marginal* Unsatisfactory* Unknown*
	Character (honesty/ethics)	■ Excellent* Satisfactory* Marginal* Unsatisfactory* Unknown*
6.	Do you consider the applicar Architect in the State of Neva	nt fully qualified to become a registered Landscape • Yes* • No* ada?
	ease upload any additional info	rmation or comments you feel would benefit the Board in determining the sure.
	Click <u>here</u> for recommendation	s on uploading files.

Attestation

✓ I attest that the referenced applicant is of good moral character and has never:*

Yes [*] ○ No [*]	
License Number:*	State Licensed In:*
38415	СО
	License Number:*

LND ARCH

Term GPA

Course

MATH

LND_ARCH

LND ARCH

LND ARCH

450

485

105

*12/15/2023
XXX-XX-5334
11/20

Print Date: SSN: Birth Month/Day:

Degrees Awarded

Degree: Confer Date: Plan: Plan:

OFFICIAL TRANSCRIPT OF ACADEMIC RECORD

Bachelor of Landscape Architecture 05/05/2012 Major in Landscape Architecture Minor in Horticulture

Beginning of Undergraduate Record

		2009 1	Fall Semester			
Course		Description	Attempted	Earned	Grade	Points
BIOLOGY	120	INTRO BOTANY	4.00	4.00	C	8,000
HORT	231	LA PL MAT I	3.00	3.00	В	9.000
LND_ARCH	101	L A GRAPHICS	3.00	3.00	A	12.000
LND_ARCH	222	FIELD EXP I	1.00	1.00	A	4.000
LND_ARCH	260	HIST OF LA	3.00	3.00	Α	12.000
LND_ARCH	262	LA DESIGN I	3.00	3.00	Α	12.000
			Attempted	Earned	GPA Units	Points
Term GPA		3.35 Term Totals	17.00	17.00	17.00	57.000
		Transfer Totals	66.00	66.00	-0.00	0.000
		Comb Totals	83.00	83.00	17.00	57.000
		2010 Sp	oring Semester			
Course		Description	Attempted	Earned	Grade	Points
COMST	102	PUBLIC SPKNG	3.00	3.00	В	9.000
HORT	232	LA PL MAT II	3.00	3.00	В	9.000
LND_ARCH	102	CPT GRAPH LA	3.00	3.00	A	12.000
LND_ARCH	263	LA DESIGN II	3.00	3.00	A	12.000
LND_ARCH	365	LA CONST I	4.00	4.00	В	12.000
			Attempted	Earned	GPA Units	Points
Term GPA		3.38 Term Totals	16.00	16.00	16.00	54,000
		Transfer Totals	0.00	0.00	0.00	0,000
		Comb Totals	16.00	16.00	16.00	54.000

2010 Summer Semester

Attempted

Attempted

3.00

3.00

3.00

9.00

0.00

9.00

Earned

3.00

3.00

3.00

Earned

9.00

0,00

9.00

Grade

C+

9.00

0.00

9.00

Points

6.900

11.100

9.000

Points

27.000

0.000

27.000

Description

GEN ANTH

3.00 Term Totals

Transfer Totals

Comb Totals

WORLD CIVI

WORLD CIV II

		2010 Fa	II Semester			
Course		Description	Attempted	Earned	Grade	Points
HORT	346	LAND IRR SYS	3.00	3.00	В	9.000
LND_ARCH	327	L A THEORY	3.00	3.00	Ā-	11,100
LND_ARCH	362	LA DESGN III	4.00	4.00	B+	13,200
LND_ARCH	366	LA CONST II	4.00	4.00	В	12.000
PE_ACTIV	112	WTTRAINING	1.00	1.00	S	0.000
SOIL_SCI	201	SOIL LIV SYS	3.00	3.00	C+	6.900
			Attempted	Earned	GPA Units	Points
Term GPA		3.07 Term Totals	18.00	18.00	17.00	52.200
		Transfer Totals	0.00	0.00	0.00	0.000
		Comb Totals	18.00	18.00	17.00	52.200
		2011 Sprir	ng Semester			
Course		Description	Attempted	Earned	Grade	Points
ARCH	202	BUILT ENVIR	3.00	3.00	B+	9.900
FINE_ART	202	WRLD ART HIS	3.00	3.00	B-	8,100
HORT	331	LANDSCP MGT	3.00	3.00	B+	9.900
HORT	357	GRNHOUSE MGT	3,00	3.00	B-	8.100
HORT	358	GRNHOUSE LAB	1.00	1.00	A	4.000
LND_ARCH	333	FIELD EXP II	1.00	1.00	A	4.000
LND_ARCH	363	LA DESIGN IV	4.00	4.00	Α	16.000
NATRS	300	ECOLOGY	3.00	3.00	B-	8.100
rner	10.764		Attempted	Earned	GPA Units	Points
Term GPA		3.24 Term Totals	21.00	21.00	21.00	68.100
		Transfer Totals	0.00	0.00	0.00	0.000
		Comb Totals	21.00	21.00	21.00	68.100
	2.366		Semester			
Course		Description	Attempted	Earned	Grade	Points
ANTH	404	SELF CULTURE	3.00	3.00	A-	11.100
LND_ARCH	467	LAND INV AN	4,00	4.00	A-	14.800
LND_ARCH	470	L A DESIGN V	4.00	4.00	B	12.000
LND_ARCH	475	SR PROJ PROP	2.00	2.00	S	0.000

PROF PRACT

3.53 Term Totals

Description

LA CONST III

PRIN PRAC PL

SR CRT PROJ

EXPLORE MAT

Transfer Totals

2012 Spring Semester

Comb Totals

Matthew Zimmerman, University Registrar

2.00

15.00

3.33

18.33

3.00

3.00

4.00

3.00

Attempted

Attempted

2.00

Earned

15.00

18.00

Earned

3.00

3.00

4.00

3.00

3.00

GPA Units

Grade

13.00

0.00

13.00

8.000

Points

45.900

0.000

45.900

Points

9.000

12.000

16.000

9.000

This transcript processed and delivered by Parchment

110

Course

ANTH

GENED

GENED

Term GPA

WASHINGTON STATE UNIVERSITY

Office of the Registar, Pullman, Washington 99164-1035

Page 2 of 2

3.000

Undergraduate

Name: Hewitt, David James Student ID:

			Attempted	Earned	GPA Units	Points	
Term GPA	3.54	Term Totals Transfer Totals Comb Totals	13.00 0.00 13.00	13.00 0.00 13.00	13.00 0.00 13.00	46.000 0.000 46.000	
Undergraduate Career 1	otals						
Cum GPA:	3.30	Cum Totals Transfer Totals Comb Totals	109.00 69.33 178.33	109.00 69.00 178.00	106.00 0.00 106.00	350.200 0.000 350.200	

Send To:

Transfer Totals:

NEVADA STATE BOARD OF LANDSCAPE ARC 1755 E PLUMB LN STE 107 RENO, NV 895023600

End of Undergraduate

Writing Portfolio

Status: Completed

Program: Undergraduate Degree-Seeking

Milestone Level: Pass

Transfer Credits

Non-Course Milestones

Transfer Credit from Bellevue College Applied Toward Landscape Architecture, BLA

Transfer Totals:

Earned

Transfer Credit from Coastline Community College

Applied Toward Undergraduate Degree-Seeking

Transfer Totals:

Earned

3.00

Transfer Credit from University of Maryland University College Applied Toward Undergraduate Degree-Seeking

Transfer Totals:

Earned 6.00

Transfer Credit from American Council On Education

Applied Toward Undergraduate Degree-Seeking

Earned

Transfer Totals

54.00

Test Credits Applied Toward Undergraduate Degree-Seeking

2009 Fall

Course Description HISTORY American History to 1877

Attempted 3.000

3.000

This transcript processed and delivered by Parchment

Matthew Zimmerman, University Registrar

CONFIDENTIAL RECORD ISSUED IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

GENERAL INFORMATION

Washington State University is the land grant institution of the Evergreen State with the traditional responsibilities of teaching, research, and extension. The university was established by the first Washington State Legislature on March 28, 1890 and was chartered under the name Washington State Agricultural College and School of Science. In 1905, the name was changed to State College of Washington and in 1959 the name became Washington State University. The university includes eleven colleges and a graduate school. The university has statewide learning centers, the Global Campus, and campuses at Pullman, Everett, Spokane, Tri-Cities, and Vancouver. The university operates on the semester system.

ACCREDITATION

Washington State University is accredited by the Northwest Commission on Colleges and Universities, the regional accrediting association.

The institution is a member of the National University Extension Association and is listed in the official publications of the U.S. Office of Education and the Washington State Office of the Superintendent of Public Instruction. Many departments and colleges are accredited by professional accrediting associations recognized by the Council on Postsecondary Accreditation.

TRANSCRIPT REQUESTS

Washington State University does not provide transcripts from other universities. Transcripts of records at other institutions, if needed, must be obtained from the other institutions.

Washington State University follows the policies and practices of the American Association of Collegiate Registrars and Admissions Officers with regard to the content and release of student records.

GRADE CORRECTIONS

Beginning fall 1992, Washington State University converted to an on-line transcript system. Prior to fall 1992, all grade corrections were made by lining through the original grade and recording the new grade in India ink. As a result the cumulative summary line was not retroactively updated, although the cumulative summary line was updated for the term the grade was submitted.

Washington State University Pullman, Washington 99164-1035

EXPL	ANATION OF GRADING AND POINT SYSTEM
A	provides 4.0 grade points per credit hour.
A-	provides 3.7 grade points per credit hour.
B+	provides 3.3 grade points per credit hour.
В	provides 3.0 grade points per credit hour.
B-	provides 2.7 grade points per credit hour.
C+	provides 2.3 grade points per credit hour.
C	provides 2.0 grade points per credit hour.
C-	provides 1.7 grade points per credit hour.
D+	provides 1.3 grade points per credit hour.
D	provides 1.0 grade points per credit hour.
F	provides no grade or credit points.
	(Credits attempted are calculated in grade point average.)
P	(Pass) provides credit grade points not calculated.
PP	(Pass) provides credit grade points not calculated

(Satisfactory) provides credit --- grade points not calculated. (Marginal Pass) provides credit --- grade points not calculated. M (Honors Pass) provides credit --- grade points not calculated. H (Incomplete) provides no grade or credit points. IC (Incomplete COVID19) provides no grade or grade points. (Withdrawal) provides no grade or credit points. W

NRC (No record COVID) provides no grade or credit points. (No grade) provides no grade or credit points. U (Unsatisfactory) provides no grade or credit points.

AU (Audit) provides no grade or credit points.

A plus (+) and minus (-) alpha grading system became effective in fall 1979. Grades of A+ and D- are not awarded.

REPEATS

COVID19.

A grade of C- or below is disregarded if a student repeats the course and earns another grade. If the student repeats the course more than once, then the last grade received shall stand as the course grade; the last grade only shall count on the cumulative grade point average and contribute to the total number of hours required for graduation. (Prior to fall 1973, if the student repeated the course more than once, then the hours and grade points earned beyond the first enrollment counted in the cumulative grade point average.) Effective fall 1983, if a student repeats a course in which an incomplete grade was received, then the incomplete grade will be changed to F.

CORRESPONDENCE COURSES

Prior to fall 1996, courses taken by correspondence did not yield grade points. Prior to fall 1996, correspondence or extension work submitted for transfer credit yielded credit only if completed with grades of C or better. Beginning summer 2006, course delivery method is not noted.

CUMULATIVE CAREER INFORMATION

Effective fall 2012, each academic career is presented separately. Careers include undergraduate, graduate, and the professional careers of business, medicine, pharmacy, and veterinary medicine. The cumulative totals are listed by career following the final term for each career. Grade point averages are computed by dividing the points by the number of GPA units in the cumulative totals row.

COURSE NUMBERING SYSTEM

001 - 099 do not carry university credit

100 - 299 are lower-division courses 300 - 499 are upper-division courses 500 - 899 are for graduate students and professional students 900 - 999 are education abroad, consortium, and cooperative courses

Courses marked no degree credit do not carry grade points and are not calculated in totals.

EDUCATION ABROAD CREDIT

Starting fall 2003, courses and grades earned through the Education Abroad Program are listed in the semester as resident credit. A semester grade point average will not be calculated, nor will grades be included in the cumulative grade point average.

REQUIREMENTS FOR GRADUATION

A student who has completed any of the prescribed curricula may become a candidate for an undergraduate, professional, or graduate degree. Degree requirements are listed in the WSU Catalog and Graduate Catalog.





Applicant is to complete sections I & II



1110 W. Washington Street, Suite 240, Phoenix, Arizona 85007 (602)364-4930 FAX: (602)364-4931 https://btr.az.gov/

David Hewitt

VERIFICATION OF REGISTRATION OR EXAMINATION

Verification Fee: \$25.00

Please submit a check or money order made payable to the Arizona Board of Technical Registration with this form. The Arizona Board of Technical Registration is unable to provide a verification for non-registrants.

Section I –Please send ve	erification to the	agency below:	David Bewatt	(Oct 26, 2G23 16507	PDF)		
Agency Name: NV St	ate Board o	f Landscape	e Architectu	ure			
Address: 1755 E. Plumb Lane Suite 107 Reno, NV 89502							
Email: NVLABoar	d@outlook.d	com					
Section II – Registrant In	nformation (Please	submit additional for	rms and fees if verif	ying more than	one registrat	ion)	
Last Name: Hewitt		First	Name: David			MI: J	
Birth Month/Year 11/1	985	Las		Registration	No: 737	32	
Email: david.hewitt1230	@gmail.com			Phone #	443-838	8-3399	
Section III - Verifying ag	ency shall compl	ete this section					
A. The above-named indi	ividual was regist	ered as a/an:					
	License/Cert. #	Current Status	Date Issued	Expiration	n Date	Branch	
In-Training							
Architect	- · · · ·		(+			
Professional Engineer Geologist							
Land Surveyor	+						
Landscape Architect	13132	Active	6/2/2021	91201	2024	1 4	
Home Inspector	10100	· ICITY C	alalana	1301	200-1	<u> </u>	
Other							
B. Examination Informat	tion:						
D. Examination information		/B /B /B					
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Structural Vertical							
Examination Discipline							
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	ted Fundamental						
2. Accep	ted Professional	Exam (PE/PLS/F	G/ARE/CARE	from:	AW		
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