

# RECLASSIFICATION FORM

INSTITUTE OF INDUSTRIAL ENGINEERS



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Name _____	Membership Number _____
Preferred Mailing Address _____	<input type="checkbox"/> Work <input type="checkbox"/> Home
Company Name _____	Home _____
Title/Position _____	_____
_____	_____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____
Fax _____	Fax _____
Email _____	Email _____

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## Personal/Professional Information (optional)

Date of Birth \_\_\_\_\_ Professional Registration  PE  PEng  Ing

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## Educational History (please note all college level education)

Name of School	City/State	Academic Yrs Completed	Degree Earned or Pursuing	Graduation Date

## Employment History

Number of years in industrial engineering (including consulting and teaching) \_\_\_\_\_ in engineering \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

For Institute use only				
Chapter _____	Region _____	Current Grade _____	<input type="checkbox"/> Senior <input type="checkbox"/> Member <input type="checkbox"/> No Reclass	
Graded by _____	Date _____	Reclass Date _____		

(Revised 7/98)

