Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, VA 23233 (804) 367-8506 www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors, **Certified Interior Designers and Landscape Architects** LANDSCAPE ARCHITECT **DEGREE VERIFICATION FORM**

Instructions

- To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped self-Section A: addressed envelope.
- To be completed by the institution listed in Section A #7 and returned to the applicant or mailed directly to the Board at the Section B: address above.

Section A

1.	Applicant's Name						n/a
		Last	First		Middle		Generation
2.	* State law requires every ap	r or Virginia DMV Control Nu oplicant for a license, certificate, registr rovide a social security number or a co	ation, or other auth				r occupation issued
3.	Date of Birth						
4.	Mailing Address (PO B	ox accepted)					
				City		State	Zip Code
5.	E-mail Address						
6.	Contact Numbers						
		Primary Telephone	Alternate Te	elephone (Cell, E	Beeper, etc.)	Fa	csimile
7.	Name of Institution						
8.	Address of Institution						
			City			State	Zip Code
	Datooration	From		То			
10.	Degree						
11.	. Applicant's Signature			Date			
Secti	ion B						
0000		(Certification				
	I hereby certify	/ that the individual named ir	n Section A #	1 graduated	from this schoo	l/institution.	
Degree				Major			
Date	Degree Received						
Sign	ature						
Official Title				Affix official school seal here.			
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