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<br>oplicant for a license, certificate, registr<br>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.                    |                 |                |                     |
| 0406DEG<br>04/06/2012 |                               |   |                      | Board for APELSCIDLA/LA DEG VER FORM<br>Page 1 of 1 |                 |                |                     |