

CERTIFICATION OF DEAN OF DENTAL COLLEGE GRANTING DEGREE

APPLICANT NAME:	SSN/ITIN:
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I HEREBY CERTIFY THAT _____
FULL NAME OF STUDENT

MATRICULATED IN THE _____
NAME OF UNIVERSITY

DENTAL COLLEGE ON THE _____ DAY OF _____ AND ATTENDED _____ YEARS,

HAS COMPLETED THE CLINIC AND DIDACTIC REQUIREMENTS AND

HAS GRADUATED, OR

WILL GRADUATE*, OR

IS EXPECTED TO GRADUATE*

WITH THE DEGREE OF:

D.D.Sc.,

D.D.S.,

D.M.D.



ON THE _____ DAY OF _____, 20 _____

SIGNATURE OF DEAN

DATE SIGNED

*THE DEAN MUST CERTIFY ACTUAL GRADUATION. IF CERTIFICATION IS SIGNED THAT APPLICANT WILL GRADUATE OR IS EXPECTED TO GRADUATE, CERTIFICATION MUST BE COMPLETED ON OFFICIAL SCHOOL LETTERHEAD INCLUDING THE DEAN'S SIGNATURE AND SEAL OF THE DENTAL SCHOOL.