Commonwealth of Virginia
Department of Professional and Occupational Regulation
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DPOR
Department of Professional and Occupational Regulation

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

Instructions

Section A: To be completed by the applicant, then forwarded to the college or university for certification.

Section B: To be completed by the institution listed on this application and returned to the applicant.

Section A:

1. Applicant's Name _____
   Last   First   Middle   Generation

2. Provide your Social Security Numbers: ☐☐☐ - ☐☐ - ☐☐☐☐

3. Date of Birth _____
   MM/DD/YYYY

4. Mailing Address _____
   (PO Box accepted)
   _____ _____ _____
   City   State   Zip Code

5. Email Address _____

6. Contact Numbers _____ _____
   Primary Telephone   Alternate Telephone

7. Name of Institution _____

8. Address of Institution _____

   _____ _____ _____
   City   State   Zip Code

9. Dates Attended From: _____ To: _____
   MM/DD/YYYY   MM/DD/YYYY

10. Degree _____

11. Applicant's Signature _____ Date _____

Section B:

Certification
I hereby certify that the individual named on this application graduated from this school/institution.

Degree _____ Major _____

Date Degree Received _____
MM/DD/YYYY

Signature _____

Official Title _____

Affix official school seal here.