

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
9960 Mayland Drive, Suite 400  
Richmond, VA 23233  
(804) 367-8506 or 367-8512  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



**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. Please enclose a stamped self-addressed envelope.

**Section B:** To be completed by the institution listed in **Section A #7** and returned to the applicant or mailed directly to the Board at the address above.

**Section A**

1. Applicant's Name \_\_\_\_\_  
Last First Middle Generation
2. Social Security Number or Virginia DMV Control Number\*  -  -   
\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.
3. Date of Birth \_\_\_\_\_
4. Mailing Address (PO Box accepted) \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code
5. E-mail Address \_\_\_\_\_
6. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone (Cell, Beeper, etc.) Facsimile
7. Name of Institution \_\_\_\_\_
8. Address of Institution \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code
9. Dates Attended From \_\_\_\_\_ To \_\_\_\_\_
10. Degree \_\_\_\_\_
11. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B**

*Certification*

I hereby certify that the individual named in **Section A #1** graduated from this school/institution.

Degree \_\_\_\_\_ Major \_\_\_\_\_

Date Degree Received \_\_\_\_\_

Signature \_\_\_\_\_

Official Title \_\_\_\_\_

*Affix official school seal here.*