Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8506
www.dpor.virginia.gov
Board for



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	on B: To be completed b	y the institution listed on	i this app	lication and returned	i to the applicant.	
Secti	on A:					
1.	Applicant's Name		First		NA: al all a	Connection
2	Last	with a Name and a	FIRST	_	Middle	Generation
2.	Provide your Social Secu	rity Numbers:	-	-		
3.	Date of Birth	/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					
		0:1				7'- 0-4-
		City			State	Zip Code
9.	Dates Attended From:	MM/DD/YYYY	_ To:	MM/DD/YYYY		
10.	Degree					
11.	Applicant's Signature			Date		
Secti	Certification	at the individual named o	on this a	oplication graduated	from this school/in:	stitution.
Degre	ee			Major		
-	Degree Received	IM/DD/YYYY				
Signature				Affix official school seal here.		
Officia	al Titlo					