Commonwealth of Virginia
Department of Professional and Occupational Regulation
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www.dpor.virginia.gov

Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects LAND SURVEYOR & SURVEYOR-IN-TRAINING DEGREE VERIFICATION FORM

	on A: To be completed b	y the applicant, then forwarded to the	college or university for certification	on.
Secti	on B: To be completed b	y the institution listed on this applicati	on.	
Sect	ion A:			
1.	Applicant's Name	First	Middle	Generation
2.	Provide your Social Secu	rity Numbers: -		
3.	Date of Birth MM/DD/YYYY			
4.	Mailing Address (PO Box accepted)	City		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	
10.	Degree			
11.	Applicant's Signature		Date	
Sect	ion B: Certification I hereby certify tha	at the individual named on this applica	ation graduated from this school/in	stitution.
Degr	ee	Maj	or	
Date	Degree Received	MM/DD/YYYY		
Signature			Affix official school seal here.	
Offici	al Title			