Enrollment/Graduation Verification

Addressee:

______________________________  ________________________________  Verification of: ☐ enrollment ☐ graduation

______________________________  ________________________________  ________________________________

I, ____________________________________________________, authorize the Harvard Graduate School of Education’s Office of the Registrar to release my enrollment/graduation information to the party listed above.

Signature __________________________ Harvard ID # ________ Date __________

-------------------STUDENTS: DO NOT WRITE BELOW THIS LINE-------------------

Enrollment

The above mentioned student ☐ is enrolled ☐ less than half-time
☐ was enrolled ☐ at least half-time
☐ is expected to enroll ☐ full-time

For the period: ______________________ to ______________________

The student’s program of study during this period is/was ☐ Ed.M. ☐ C.A.S. ☐ Ed.D. ☐ Ed.L.D.

With an expected graduation date of ________________

Graduation

The above mentioned student graduated from the Harvard Graduate School of Education in

☐ March ☐ May ☐ June ☐ November of ________________.

The degree received was ☐ Ed.M. ☐ C.A.S. ☐ Ed.D. ☐ Ed.L.D.

Any questions regarding this student’s status should be directed to the Office of the Registrar at (617) 495-3419.

Registrar __________________________ Date __________________________

Official verifications will be on ivory-colored letterhead bearing a “Veritas” watermark and will carry the stamped signature of the Registrar and the embossed School seal.