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 __________________________________________ 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.

Longfellow Hall 009 • 13 Appian Way • Cambridge, MA 02138 • 617-495-3418

www.gse.harvard.edu