

FOR GRADUATES ONLY

FINAL OFFICIAL TRANSCRIPT INFORMATION

THIS FORM IS **ONLY** FOR THOSE APPLICANTS WHO ARE GRADUATING DAYS OR WEEKS FROM THE SUBMITAL OF THEIR RESIDENCY INTERN PERMIT APPLICATION.

ANY DEVIATIONS FROM THE INFORMATION REQUESTED ON THE FORM SHALL NOT BE ACCEPTED IN LIEU OF THE FINAL OFFICIAL TRANSCRIPT. POSITIVELY NO EXCEPTIONS.

I, _____, of _____
Name of Dean Name of University

hereby certify that _____ has completed the requirements
Name of Applicant

for graduation and will earn a _____ degree
Degree Earned

On the _____ of _____, 20____.

Please witness my Hand and Official
Seal of this university or college.
Date____ Month____ Year____

Dean's signature