

DEGREE VERIFICATION
BRYN MAWR COLLEGE
101 NORTH MERION AVE.
BRYN MAWR, PA 19010

VERIFICATION OF GRADUATION REQUEST

PLEASE PRINT CLEARLY

THERE IS NO FEE FOR A GRADUATION VERIFICATION

STUDENT ID NUMBER: _____ BIRTHDATE: _____

LAST NAME: _____ FIRST NAME: _____

MAIDEN/PREVIOUS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME TELEPHONE NUMBER: _____

VERIFICATION INFORMATION:

FIRST ENROLLED (MONTH/YEAR): _____

LAST ENROLLED (MONTH/YEAR): _____

UNDERGRADUATE _____ GRADUATE _____ OTHER _____

GRADUATION DATE: _____ DEGREE OBTAINED: _____

Please mail verification to: (Print plainly, for window envelope)
