



The Graduate School

DEGREE VERIFICATION FORM

INSTRUCTIONS TO THE STUDENTS: Please complete the top half of this degree verification form, attach sufficient postage and mail it to the Registration Office at the institution where you received your Bachelor's or Master's degree. We do not need a transcript; we only need the school to verify your degree in order for you to be issued graduate credit. Graduate credit will not be issued without completion of this form.

Name _____

Previous Names(s) Used _____

Address _____

City _____ State _____ ZIP _____

Social Security No. _____

College/University Awarding Degree _____

City _____ State _____ ZIP _____

Degree _____ Date Degree Awarded _____

TO THE COLLEGE/UNIVERSITY: Please complete the bottom half of this Degree Verification Form and forward it to Winthrop University.

Name of Institution _____

Degree _____ Date Awarded _____

Signature _____ Title _____

Today's Date _____

Thank you for your assistance!

Please return form to: The Graduate School, 209 Tillman Hall, Winthrop University, Rock Hill, SC 29733, 803/ 323-2204, FAX: 803/323-2292.