Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, VA 23233 (804) 367-8506 www.dpor.virginia.gov



Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects LANDSCAPE ARCHITECT DEGREE VERIFICATION FORM

Instructions

- Section A: To be completed by the applicant, then forwarded to the college or university for certification. Please enclose a stamped selfaddressed envelope.
- Section B: To be completed by the institution listed in Section A #7 and returned to the applicant or mailed directly to the Board at the address above.

Section A

 Applicant's Name 						
	Last		Middle		Generation	
* State law requires eve	nber or Virginia DMV Control ry applicant for a license, certificate, reg to provide a social security number or a	gistration, or other authorization to e			r occupation issued	
3. Date of Birth						
4. Mailing Address (PC	D Box accepted)					
		City		State	Zip Code	
5. E-mail Address						
6. Contact Numbers						
	Primary Telephone	hary Telephone Alternate Telephone (Cell, Beeper, etc.)		Facsimile		
7. Name of Institution						
8. Address of Institutio	on					
		City		State	Zip Code	
9. Dates Attended	From	T(
10. Degree		_				
11. Applicant's Signatur	re	Date				
Section B						
		Certification		1/2 111 11		
-	rtify that the individual named		ed from this schoo)/institution.		
Degree	Major _					
Date Degree Received						
Signature						
Official Title		Affix official school seal here.				
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