



## Application Form for Authentication of Higher Education Certification

Please print clearly in CAPITAL LETTERS. All fields are required.

### *Institution and Certification Information*

High School  Institute  Bachelors  Masters  Ph.D.  Other: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Issuing College/Dept: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Did your certification require a dissertation/thesis? :  Yes  No

If so, have you included a copy?  Yes  No

### *Personal Information*

Full Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Address (applicant or/and representative):

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Phone Number (Land): \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Application Date (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_