

Confirmation of Doctoral Degree Conferral

Note to applicant: It is the responsibility of individual applicants to have their academic records forwarded to WES. Please complete parts 1 and 2 of this form and submit it to the registrar/controller of examinations/or other authorized official at the academic institution where you obtained your degree. *Please note that some institutions may charge a fee for this service.*

Part 1				WES Reference #: (requirea)				
Last/Family Name:			First/Give	First/Given Name:				
Previous/Maiden Name: (if applicate	Date of B	Date of Birth: (dd/mm/yyyy)						
Current Address:			City:					
State/Province:	ate/Province: Country:		Postal Code:		Email:			
Part 2								
Institution Name:			Dates Attended: From: To: To:					
Degree Name (if applicable):	Year of Av	Year of Award (if applicable:		Major:				
Student ID or Roll Number at sendi	ng institution (if applicable)							
I hereby authorize the release of my a	academic records and information	ı to World Educa	ation Services.					
Applicant's signature: Da				ate				
Note to authorized official: The abo Education Services. Please complete CONFIRMATION:	e this form, <u>and return it directly</u> to	o World Educati	on Services at or			egree conferr	al be forwarded to World	
(Institution Name)								
from to and was awarded month/yr month/yr				degree/diploma name				
in(major/field of study/discipline)				on date of award				
Name of official completing form:				Title:				
Address:								
City:			Country:		Pos	Postal Code:		
Telephone:		1		Fax:	1			
Email:				URL:	/W.			
Signature Date				Seal				

By Postal Mail

World Education Services P.O. Box 5087 Bowling Green Station New York, NY 10274-5087 U.S.A. By Express Courier
World Education Services
64 Beaver St., #146
New York, NY 10004
U.S.A.