



The Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration in Veterinary Medicine
1000 Washington Street, Suite 710
Boston, MA 02118-6100
Phone: (617) 727-5899

CERTIFICATE BY DEAN OR REGISTRAR OF VETERINARY COLLEGE

(If Requesting Examination Prior to Degree Conferral)

I, _____, as Dean/Registrar of _____ certify
that the applicant, _____ attended this institution from _____
to _____, and has received or will receive (circle one) a Doctor of Veterinary Medicine degree
on _____.

SCHOOL SEAL

Signature of Dean/Registrar