



**HARVARD
GRADUATE SCHOOL OF EDUCATION**

Office of the Registrar

Enrollment/Graduation Verification

Addressee:

Verification of: enrollment graduation

I, _____ authorize the Harvard Graduate School of Education's Office of the Registrar to release my enrollment/graduation information to the party listed above.

Signature Harvard ID # Date

-----STUDENTS: DO NOT WRITE BELOW THIS LINE-----

Enrollment

The above mentioned student is enrolled less than half-time
 was enrolled at least half-time
 is expected to enroll full-time

For the period: _____ to _____

The student's program of study during this period is/was Ed.M. C.A.S. Ed.D. Ed.L.D.
 With an expected graduation date of _____.

Graduation

The above mentioned student graduated from the Harvard Graduate School of Education in
 March May June November of _____.

The degree received was Ed.M. C.A.S. Ed.D. Ed.L.D.

Any questions regarding this student's status should be directed to the Office of the Registrar at (617) 495-3419.

Registrar Date

Official verifications will be on ivory-colored letterhead bearing a "Veritas" watermark and will carry the stamped signature of the Registrar and the embossed School seal.