



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 #: <i>(required)</i>	
Last/Family Name:			First/Given Name:		
Previous/Maiden Name: <i>(if applicable)</i>			Date of Birth: <i>(dd/mm/yyyy)</i>		
Current Address:				City:	
State/Province:	Country:	Postal Code:	Email:		

Part 2		Institution Name:		Dates Attended: From: _____ To: _____ (mm/yyyy) (mm/yyyy)	
Degree Name <i>(if applicable)</i> :		Year of Award <i>(if applicable)</i> :		Major:	
Student ID or Roll Number at sending institution <i>(if applicable)</i>					

I hereby authorize the release of my academic records and information to World Education Services.

Applicant's signature: _____ Date _____

Note to authorized official: The above-named person seeks to have his degree evaluated and requests that a confirmation of his/her degree conferral be forwarded to World Education Services. Please complete this form, and return it directly to World Education Services at one of the addresses below.

CONFIRMATION:					
I hereby confirm that the student named above attended _____ (Institution Name)					
from _____ to _____ month/yr month/yr		and was awarded _____ degree/diploma name			
in _____ (major/field of study/discipline)				on _____ date of award	
Name of official completing form:			Title:		
Address:					
City:		Country:		Postal Code:	
Telephone:			Fax:		
Email:			URL: www.		
Signature			Date		<i>Seal</i>

By Postal or Courier Mail
 World Education Services
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 Canada