

Part 1

## **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.* 

WES Reference #: (required)

Last/Family Name:			First/Given Name:				
Previous/Maiden Name: (if applicable)			Date of Birth: (dd/mm/yyyy)				
Current Address:			City:				
State/Province:	Country: P		stal Code: Em		Email:		
Part 2		•			•	_	
Institution Name:				Dates Attended:   From: To:   (mm/yyyy)			
Degree Name (if applicable):	Year of Award	d (if applicable):	(if applicable): Major:				
Student ID or Roll Number at send	ling institution (if applicable)			<u> </u>			
I hereby authorize the release of my academic records and information to World Education Services.							
Applicant's signature: Date							
CONFIRMATION:  I hereby confirm that the student named above attended (Institution Name)  from to and was awarded degree/diploma name							
month/yr	month/yr month/yr				degree/diploma name		
in(major/field	of study/discipline)			on		date of award	
Name of official completing form:				le:			
Address:							
City:		Country:				Postal Code:	
Telephone:			Fa	x:			
Email:			UF	RL:			
Signature Date				Seal			

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By Postal Mail

By Express Courier
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