## **REQUEST FOR VERIFICATION OF DEGREE**

## OFFICE OF THE REGISTRAR TEACHERS COLLEGE, COLUMBIA UNIVERSITY 525 WEST 120<sup>TH</sup> STREET NEW YORK, NY 10027-6696

PHONE: (212) 678-4050 FAX: (212) 678-3005

Name:	TC ID#
IF YOUR NAME IS <u>DIFFEREN</u>	<u>vt</u> on your Teachers College transcript, please list:
CURRENT ADDRESS:	
E-MAIL ADDRESS:	
PHONE NUMBER:	
DATES OF ATTENDANCE:	
DEGREES RECEIVED:	
DEGREES RECEIVED.	
<ul> <li>ALL GRADES MU</li> <li>STUDENT TEACH</li> <li>INTEGRATIVE EX</li> <li>SIGNATURE OF A</li> <li>ALL ENCUMBRAN</li> </ul>	ATION MUST BE ON FILE ST BE RECORDED HING HOURS (IF APPLICABLE) MUST BE RECORDED  EXPERIENCE MUST BE COMPLETED (I.E. PROJECT, EXAM, FORMAL ESSAY) EXADVISOR MUST BE ON THE DEGREE APPLICATION  EXAMPLES MUST BE CLEARED
NUMBER OF COPIES:	Please Check: TO BE MAILED TO BE PICKED UP TO BE EMAILED
IF <u>TO BE MAILED</u> , VERIFICAT	IONS ARE TO BE SENT TO THE FOLLOWING ADDRESS:
OTHER STATEMENTS:	
SIGNATURE:	DATE:

PLEASE WAIT 5 TO 10 BUSINESS DAYS TO PROCESS IF THE DEGREE HAS BEEN EARNED. IF THE DEGREE IS CURRENTLY IN THE PROCESS OF COMPLETION, PLASE ALLOW 10 TO 15 BUSINESS DAYS AFTER ALL OF THE REQUIREMENTS HAVE BEEN MET AND THIS REQUEST HAS BEEN FOR FINAL DEGREE AUDITING PURPOSES.