



VERIFICATION OF DEGREE STATUS

Name: _____
Last First Middle Maiden

Directions: Complete ALL blanks in the paragraph below. Sign and date the form in the space provided. Return this form with your Application for Admission to:

Office of Admissions and Records
Colorado Center for Medical Laboratory Science
730 Potomac Street, Suite 102
Aurora, CO 80011

I have or will have earned a baccalaureate degree in _____
BS/BA; Department; Discipline
before the June _____ start date from _____
Year College/University
to be granted on _____
Month/Day/Year

Note: The baccalaureate degree and/or pre-requisite course work must be posted on your official college/university transcript and be received by the Center prior to enrollment.

I hereby affirm that to the best of my knowledge all information furnished is complete and accurate. I understand that withholding requested or giving false information will make me ineligible for admission and enrollment.

Applicant Signature

Date

rev. 5/09, 6/11,5/12,3/14,4/16,6/17