OFFICE OF THE DEAN OF FACULTIES

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Degree Verification Form

Hiring Departme	ent	Name (first, middle	e initial, last)
Date of birth (mm/dd/yyyy)		Social Security #	Gender
I understand that official verification of my degree(s) must be received by Texas A&M University prior to my date of hire. I give my consent for this degree verification. In addition, I understand that a copy of my official transcript(s)/degree verifications must be on file with my hiring documents.			
transcript mailed in Faculties Office fo	n a sealed envelope to r any expenses incurr	o the Dean of Faculties Office. I further understand in obtaining my official transcripts and that n	from my granting institution and to have the official and that I will not be reimbursed by the Dean of my granting institution may use the National Student vide my official degree verifications to Texas A&M
1st Degree			
Name of Institution		Date Conferred (MM/YYYY)	
City, State, Zip Code		Degree Earned/ Field of Study	
Your name while at institution (if different from above)			Student ID #
2nd Degree			
Name of Institution			Date Conferred (MM/YYYY)
City, State, Zip Code		Degree Earned/	
		Field of Study	
Your name while at institution (if different from above)			Student ID #
3rd Degree			
Name of Institution			Date Conferred (MM/YYYY)
City, State, Zip Code		Degree Earned/ Field of Study	
Your name while at institution (if different from above)		Student ID #	
Printed Name Date (mm/dd/yyyy)		<u>v)</u>	
Faculty Member's	s Signature		
Email			
L			
Phone Number			Print