

DEGREE VERIFICATION REQUEST FORM FOR RSDM (NJDS) ALUMNI

Please complete the information below, sign, and e-mail this form, along with any forms to be completed, to enrollmentservices@sdm.rutgers.edu, to request a degree verification from Rutgers School of Dental Medicine (formerly UMDNJ-New Jersey Dental School). Requests are processed within 5-7 business days.

CONTACT INFORMATION

Last Name

First Name

Middle Name

Email Address

Phone Number (please enter numbers only)

Student ID# (i.e., A00123456) if known

RSDM PROGRAM(S)

- DMD
 POST-GRADUATE AND/OR MASTERS
 Endodontics Orthodontics Pediatric Dentistry Periodontics Prosthodontics
 Master of Dental Science/Master of Science (Program in Dentistry) MDS/MSD, Oral Facial Pain

Alumni of the Department of Oral & Maxillofacial Surgery should contact Ms. Kisha Wesley, Residency Program Coordinator, at wesleykn@sdm.rutgers.edu for residency verifications.

REQUEST TYPE

- Third-Party/State Licensure Form – When did you graduate? (Month & Year) _____
 Degree/Graduation Conferral – When did you graduate? (Month & Year) _____
 Dean’s Letter – When did you graduate? (Month & Year) _____
 Other _____

In your form submission e-mail, please include any special instructions with your request, and/or any external forms needed to be completed by RSDM in PDF format. Please be sure to complete the personal information section on licensure forms as required by the state/agency before sending the form.

DELIVERY OPTIONS

- E-MAIL FAX
 MAIL

Note: completed requests are mailed through USPS, therefore, we cannot provide mailing tracking numbers or predict time of delivery. Please consider mailing time in your request.

Please E-MAIL my verification letter to the following e-mail address:	Please MAIL my verification letter to the following email address:	Please FAX my verification letter to the following number:
_____	_____	Attention:
_____	_____	_____
_____	_____	Fax #:

Alumni Signature (Required)

Date