



## **VERIFICATION OF DEGREE STATUS**

Name: Last	First	Middle	Maiden
2001		madio	maidon
<b>Directions:</b> Complete ALL bla Return this form with your Appli		v. Sign and date the form	in the space provided.
	Office of Admission Colorado Center for Med 730 Potomac St Aurora, Co	ical Laboratory Science reet, Suite 102	
I have or will have earned a bad	ccalaureate degree in	BS/BA; Departr	ment; Discipline
	start date from		
Year		College/Unive	rsity
to be granted on Month/D	ay/Year		
<b>Note:</b> The baccalaureate degree college/university transcript and		•	on your official
I hereby affirm that to the best of that withholding requested or gi			
Applicant Signature		Date	

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