



Goldman School of Dental Medicine

Office of the Registrar

Certificate of Graduation/Completion Request Form

100 East Newton Street, G-428, Boston, MA 02118

Tel: 617-638-4708 | Fax: 617-638-4732

<http://dentalschool.bu.edu/registrar>

\_\_\_\_\_ name \_\_\_\_\_ date

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please check \_\_\_\_\_ pick up

\_\_\_\_\_ fax to (fax number): \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Please check which letter you would like:

\_\_\_\_\_ Certificate of Completion

\_\_\_\_\_ Certificate of Graduation

(FOR STUDENTS WHO HAVE SIGNED OUT BUT NOT GRADUATED.)

(FOR STUDENTS WHO HAVE GRADUATED.)