Georgia PSC Verification of Degree Validation Form – Revised March 2014

200 Piedmont Avenue SE, Suite 1702, Atlanta, GA 30334-9032

Please Use Dark Ink or Type

1. Applicant Information:

Title ☐ Mr. ☐ Ms. ☐ Dr.

Last Name

First Name

Middle Name

Social Security Number or GaPSC Certification ID

Date of Birth (MM/DD/YY) / /

Undergraduate College: _____ City, State: _____

Degree Received: _____ Date Conferred: / /

To validate a bachelor's degree from a college with accreditation not accepted by GaPSC, the applicant must have earned 9 semester hours of acceptable graduate credit at a GaPSC-accepted accredited graduate school. All course work for validation must be earned with a grade of "B" or better in each course. The course work must be earned in the field in which certification is sought or toward a planned master's or higher degree program.

When submitted to the GaPSC, this form must be accompanied by an official transcript reflecting all course work being used for validation.

2. Graduate School Section:

The information listed below is to be completed by the Dean of the validating graduate school.

I certify that the applicant named above:

1. Was fully admitted to our graduate school on / /

   and

2. Has earned 9 semester hours in graduate courses at this institution.

Name of Graduate School Dean (print/type)

Signature

Title

Date

Phone Number

Email Address

Name of Institution

Mailing Address

City, State, Zip