## Georgia PSC Verification of Degree Validation Form - Revised June 2021

Educator: Upload via MyPSC Graduate School: Email as attachment to mail@gapsc.com

1. Applicant Information:	Please use dark in	ık.
Title Last	Name	
□Mr. □Ms. □Dr.		
First Name		Middle Name
Social Security Number or Ga	aPSC 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 certi	y 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 (eSignature not accepted)
Position	Date
Phone Number	Email Address
Name of Institution	
Mailing Address	