



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

_____ BU ID

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_____ signature

number of copies _____

please check _____ pick up

_____ fax to (fax number): _____

_____ send to (address): _____

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.)