

Liberty University Online Admissions Verification

1971 University Blvd. Lynchburg, VA 24515

Phone: (800) 424-9595 Fax: (888) 301-3577

Email: luoverify@liberty.edu

DOCTORAL DEGREE SELF-CERTIFICATION FORM

STUDENT INFORMATION (PLEASE PRINT)

Full Name: _____

LU Student ID#: _____

DOCTORAL DEGREE INFORMATION (PLEASE PRINT)

Name under which you attended: _____

Name of institution where you will obtain your Doctoral Degree: _____

Location (City, State/Province, Country): _____

Month and year of your Doctoral Degree conferral: _____

Last date of class for your Doctoral Degree: _____

Date planning to start your next Doctoral Degree with Liberty University: _____

(This date must be after the last date of class for your previous Doctoral Degree)

I certify that I have or will have graduated from my Doctoral degree program by the time I start my Doctoral degree with Liberty University Online. I understand that if I provide false information about graduating from my Doctoral degree program I may be required to return any Title IV financial aid funds that I have received.

STUDENT SIGNATURE: _____ DATE: _____