



**REGISTRAR'S CERTIFICATION
COLLEGE OF DENTISTRY
ADVANCED PROGRAMS**

**OFFICE OF ADMISSIONS AND
RECORDS (MC 018)**

The University of Illinois at Chicago
Box 5220, Chicago, Illinois 60680

Program applied for _____

This is to certify that _____

(Name of Student)

is/was a student at _____

(Dental School)

and has/had a numerical rank of _____ in a class of _____ students.

(Signature of Registrar)

(Dental School)

(Date)

Official School Seal