

**CERTIFICATE OF ANTICIPATED GRADUATION FROM
A VETERINARY TECHNICIAN PROGRAM
REGISTERED VETERINARY TECHNICIAN**

INSTRUCTIONS:

This form must be completed by the Veterinary College or University in which you are in attendance and from which you will graduate.

Date: _____

It is hereby certified that _____
name of student/applicant

Social Security Number _____ - _____ - _____, matriculated in the _____
name of program at _____
name of institution

_____ from _____
date through

_____ and will receive a diploma from this institution on
date

_____.
date

Certified by: _____
Signature of Dean

Title

School

SEAL OF
COLLEGE
OR
UNIVERSITY

Return completed form to: Louisiana Board of Veterinary Medicine
263 Third Street, Suite 104
Baton Rouge, LA 70801
(225) 342-2176