

**ACADEMIC HALL OF FAME**

**Home of the Best of the Best in Academics®**

**ACADEMIC HALL OF FAME VERIFICATION FORM**

**Instruction:** Complete Parts I & II of this form online and then sign and mail all pages to the Registrar of your college/university or to the Principal of your high school.

**PART I** (to be completed by Applicant)

**CHECK THE ONE CATEGORY IN WHICH YOU ARE SEEKING MEMBERSHIP**

- DOCTORAL DEGREE (earned Doctorate)
- MASTER’S DEGREE (earned Master’s)
- BACHELOR’S DEGREE (earned Bachelor’s)
- ASSOCIATE DEGREE (earned Associate)
- HIGH SCHOOL DIPLOMA (earned High School certificate or diploma)

**PART II** (to be completed by Applicant)

NAME \_\_\_\_\_

First Name                      Middle Name                      Last Name                      Suffix (e. g., Jr., III)

FULL NAME OF COLLEGE, UNIVERSITY, or HIGH SCHOOL \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

STUDENT ID# OR LAST 4 DIGITS OF SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_ MONTH/SEMESTER/TERM \_\_\_\_\_

TYPE OF DEGREE/DIPLOMA EARNED (e. g., Ph.D., MA, BA, BSN, AA, AS, High School Diploma etc.) \_\_\_\_\_

MAJOR/AREA OF SPECIALIZATION/CONCENTRATION (e. g., accounting, electrical engineering, etc.). Note: If you are applying under the High School Category, ENTER “High School Diploma” \_\_\_\_\_

FINAL CUMMULATIVE GPA \_\_\_\_\_ OUT OF A POSSIBLE/MAXIMUM GPA OF \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART III** (to be completed by Applicant's educational institution. **PLEASE TYPE OR PRINT**

Dear Sir/Madam:

The person named in Part II of this form, a former student at your institution, has applied for lifetime membership and recognition in the ACADEMIC HALL OF FAME, home for those who graduated with a perfect Grade Point Average. The student has also requested membership and recognition in the Level/Category checked in Part I.

Our acceptance policy requires that the information the applicant has provided/indicated in Parts I & II be verified, confirmed, and certified as accurate by the appropriate official designated by the institution.

Please confirm the above information provided by the applicant regarding final GPA by providing the following information, signing, and affixing your institution's official stamp or seal.

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Name of Person/School Official Completing this Form \_\_\_\_\_

Your Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Applications without the above information, including the school official seal/stamp will not be accepted.**

***[ Place School***

***Seal/stamp Here]***

***PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT (IN A SEALED, STAMPED ENVELOP) WHO WILL MAIL THE ENTIRE PACKAGE, INCLUDING OTHER REQUESTED DOCUMENTS/ITEMS DIRECTLY TO THE FOLLOWING ADDRESS:***

**ACADEMIC HALL OF FAME**

CREDENTIALS VERIFICATION DEPARTMENT

P.O. BOX 32694

BALTIMORE, MD 21282-2694

USA

**OR**

Street Address for EXPRESS DELIVERIES ONLY

**ACADEMIC HALL OF FAME**

CREDENTIALS VERIFICATION DEPARTMENT

3610 Milford Mill Road, 2<sup>nd</sup> flr. Suite 2E

BALTIMORE, MD 21244

USA

*Note: Faxed OR emailed applications are not acceptable! We suggest using the P.O. Box Address.*