

ADDENDUM I - EDUCATION

Please have school return completed form to hp-licensing@dopl.idaho.gov

APPLICANT NAME _____

I hereby certify that the applicant named above is on schedule to graduate pending compliance with all requirements with a degree in _____

issued by _____ located in
Name of Institution

_____ and which shall be granted on
City & State

Date

(Official Institution Seal)

Signature of Registrar

Registrar's Printed Name