



**TEXAS WOMAN'S**  
UNIVERSITY

Employer Verification of Degree Completion

Date:

Student Name:

Student ID:

Student Email Address:

Student Phone #:

Master's or Doctoral

Major:

Graduation Completion Date:

Information for Letter(s) Request:

Addressed to:

Addressed to:

Mailing Address:

Mailing Address:

Email Address:

Email Address:

Send the letter by:

Mail or Email\*

\*By selecting the email option, you will be copied on the email for your own records.

Please email this form to the Graduate School email, [gradschool@twu.edu](mailto:gradschool@twu.edu).

\*\* All email must originate from a secure TWU email address. \*\*