

# Certification of Completion of Requirements to Graduate

(For all candidates who have not graduated)

This form must be completed by the Program Director or designated school official as certification to take the CITA examination, and MUST be submitted with the application for all senior students of record attending a school accredited by the ADA Commission on Dental Accreditation or Commission on DENTAL Accreditation of Canada who have not yet graduated but are expected to complete all academic requirements and graduate within 45 days of the CITA Clinical Examination.

Student Name: \_\_\_\_\_  
(First Name) (MI) (Last Name)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School Name: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

This letter certifies that the student listed above is a senior student of record and is expected to complete all academic requirements to graduate within 45 days of the scheduled CITA Clinical Examination and that the candidate is sufficiently prepared to participate in the examination.

(Signature of program director or designated school official)

(Date)

(School Seal)