

TO BE COMPLETED BY THE VALIDATING COLLEGE OR UNIVERSITY

Applicant's Name Lazaro R. Perez SS# _____ DOE# _____

Please complete the appropriate validation section below:

____ Plan 1. Bachelor's, Master's, and Specialist's Degrees from Nonaccredited/Nonlisted Institution.

The above named applicant has earned a higher degree than the degree validated. The nonaccredited/nonlisted degree was used as a basis for admission into the higher degree program.

____ Plan 2. Bachelor's, Master's, and Specialist's Degrees from Nonaccredited/Nonlisted Institution.

The above named applicant has been admitted to graduate program at a higher degree level than the degree validated. The nonaccredited/nonlisted degree was used as a basis for admission into the higher degree program.

Plan 3. a. _____ Bachelor's, Master's, and Specialist's Degrees from Nonaccredited/Nonlisted Institution.

b. Doctor's Degree from a Nonaccredited Institution (A Doctor's Degree from a Nonlisted Institution cannot be validated.)

The above named applicant validating the degree holds an equivalent degree or has completed an individualized validation program.

I hereby verify that the Doctor of Medicine degree granted by Higher Institute of Medical Sciences of Havana has been validated by the individual plan and that the degree is considered equivalent to a Doctoral degree in Medicine awarded by this institution.

University of Miami
Name of validating institution

3-26-98
Date

[Signature]
Signature of Registrar or university official

(COLLEGE SEAL)

NOTE: For foreign credentials, please indicate the name of each "degree" or "award" which has been used to establish the validated degree.

Foreign Institution

Higher Institute of Medical Sciences of Havana

Degree Title

Doctor of Medicine

RETURN FORM TO:
Department of Education
Bureau of Teacher Certification
Florida Education Center
Tallahassee, Florida 32399



Frank T. Brogan
Commissioner of Education

CF-1
Revised 1/