

Boston University Office of the University Registrar  
881 Commonwealth Avenue  
Boston, Massachusetts 02215



**Translation of Diploma for:**  
**Doctor of Dental Medicine**

BOSTON UNIVERSITY  
IN THE COMMONWEALTH OF MASSACHUSETTS  
THE SENATE AND TRUSTEES  
SEND GREETINGS TO ALL WHO VIEW THIS DOCUMENT

The President and fellows of Boston University, with the consent of honorable and respected examiners on the appointed committees in the case of Master \_\_\_\_\_

who, according to our custom, has fulfilled all the requirements for students of dental medicine, have admitted him/her to the level of

DOCTOR OF DENTAL MEDICINE

and have presented and granted him/her all honors and rights which belong to this degree.

As testimony of which fact, to these letters protected by the seal of the University, on \_\_\_\_\_ day of the month of \_\_\_\_\_ in the \_\_\_\_\_ year of our salvation and \_\_\_\_\_ of the Commonwealth, we have affixed our signatures in accordance with the authority entrusted to us.

\_\_\_\_\_ Dean

\_\_\_\_\_ President