



WREB

A National Dental and Dental Hygiene Testing Agency

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**CERTIFICATION FOR GRADUATING SENIORS
(DDS or DMD only)**

This Certification must be signed by the school dean and must have the school seal affixed.

This is to certify that _____ is currently in his/her final semester
Student's First and Last Name

at _____ and is expected to successfully
Name of Dental School

complete all requirements for a DDS or DMD on _____
Expected Date of Graduation

**Affix
School
Seal**

Signature of Dean