

**Good Academic
Standing Verification
MU-COM DO Students ONLY**

Allow 3-5 Business Days for Processing

Office of the Registrar 3200 Cold Spring Rd., Indianapolis, IN 46222 317.955.6050 fax: 317.955.6575 e mail: regis@marian.edu

Student Information: Please PRINT

Student name: _____ Last 4 digits of SSN or Student ID: _____

Email: _____ Phone Number: (____) _____ - _____

Delivery options for individual/entity listed below: E-mail US Mail Fax

To: _____ If faxing, fax #: (____) _____ - _____

Address: _____
_____ **If this request is related to a Clerkship rotation
please do not fill out this form. Instead, contact
your Clerkship Coordinator.**

My signature below authorizes the Office of the Registrar at Marian University to send my verification to the person or organization listed above.
FAX WARNING: I understand that by faxing this form, I will be compromising my confidentiality and release Marian University from any liability that may arise.

Signature: _____ Date: _____

*This document requires an original/legal signature. A typed in name will not be accepted as a signature.

REGISTRAR'S Office USE ONLY BELOW

This is to verify that _____ is in good academic standing and upon successful completion of all degree requirements, is **expected to graduate on** ____/____/____. The degree conferred will be a Doctor of Osteopathic Medicine (D.O.).

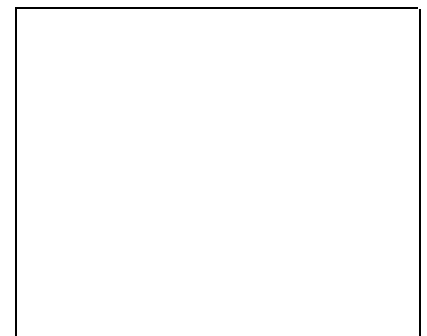
Please be advised that _____ matriculated at Marian University College of Osteopathic Medicine on ____/____/____ for which the dates of attendance have been from ____/____/____ to ____/____/____.

Authorized Signature: _____

Name Printed: _____

Title: _____

Date: ____/____/____



Official School Seal