MARIAN UNIVERSITY
Indianapolis ®

Enrollment Verification Form
MU-COM DO Students ONLY

Allow 3-5 Business Days for Processing

Office of the Registrar 3200 Cold Spring Road, Indianapolis, IN 46222 Phone: 317.955.6050 Fax: 317.955.6575 Email: regis@marian.edu

Student Information: Please PRINT

Student Name: _____ MUHUB Student ID: _____

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

Semester (check semester, fill in year)**:** o **Fall _____** o **Spring _____**

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

To: _____

Address: _____ Email Address: _____

_____ Fax #: (_____) _____-_____

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 certify that _____ was/is enrolled at Marian University in the College of Osteopathic Medicine program.

Fall semester _____ for a total of _____ credits Semester Dates: _____/_____/_____ to _____/_____/_____

Spring semester _____ for a total of _____ credits Semester Dates: _____/_____/_____ to _____/_____/_____

Matriculation Date: _____/_____/_____ Expected Graduation Date: _____/_____/_____

Authorized Signature: _____

Name Printed: _____

Title: _____

Date: _____/_____/_____

Official School Seal