MARIAN UNIVERSITY

Good Academic Standing Verification MU-WCOM DO Students ONLY

Allow 3-5 Business Days for Processing

Office of the Registrar 3200 Cold Spring Rd., Indianapolis, IN 46222 317.955.6050 regis@marian.edu

Student Information: Please PRINT	
Student Name:Student Email:	
Delivery options for individual/entity: o Emailed o Mailed via USPS	
To Individual/Entity:	If this request is related to a
Email:	Clerkship rotation please do not
Mailing Address:	fill out this form. Instead, contact your Clerkship Coordinator.
My signature below authorizes the Office of the Registrar at I person or organization listed above.	Marian University to send my verification to the
Students Signature*:	Date:
*This document requires an original/legal signature. A typed in name will not be accepted a	as a signature.

REGISTRAR'S Office USE ONLY BELOW

This is to verify that *(insert name of student)* is in good academic standing and upon successful completion of all degree requirements, is **expected to graduate on** *insert date*.

The degree conferred will be a Doctor of Osteopathic Medicine (D.O.).

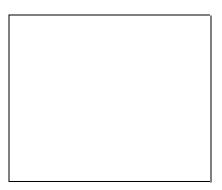
The student listed above matriculated to Marian University in the Wood College of Osteopathic Medicine on *insert date* and is currently enrolled through *insert date*.

Authorized Signature: _____

Name Printed: insert printed name

Title: insert job title

Date: insert date



Official School Seal