MARIAN UNIVERSITY - Indianapolis ——— ®

Graduation Verification Form MU COM DO Students ONLY

Student Information: Please PRINT Student name:	Allow 3-5 Business Days for Processing		
Student name: Last four digits of SS# or Student ID: Previous Name: Graduation Semester/Year: Email: Phone Number: Delivery Options for individual/entity listed: o Email: Phone Number: Delivery Options for individual/entity listed: o Email: Phone Number: Mailed Via USPS To Individual/Entity: Email:		IN 46222 317.955.6050 regis@marian.edu	
Previous Name:Graduation Semester/Year: Email: Phone Number: () Delivery Options for individual/entity listed: o Emailed o Mailed via USPS To Individual/Entity: Email: Mailing Address: Mailing Address: My signature below authorizes the Office of the Registrar to send my verification to the person or organization listed above. 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 the above named student matriculated in the College of Osteopathic Medicine at Marian University University and successfully completed all requirements and graduated with theDoctor of Osteopathic Medicine (D.O.) degree. During his/her tenure as a student in this College, performed in a noteworthy manner-personally, professionally, and academicallyand graduated in good standing. Matriculation Date:/ Dates of Attendance:/ to Authorized Signature: Name Printed:	Student Information: Please PRINT		
Email: Phone Number: ()	Student name:	Last four digits of SS# or Student ID:	
Delivery Options for individual/entity listed: o Emailed o Mailed via USPS To Individual/Entity:	Previous Name:	Graduation Semester/Year:	
To Individual/Entity:	Email:	Phone Number: ()	
Email:	Delivery Options for individual/entity listed: o Emailed	o Mailed via USPS	
organization listed above. Signature: Date: Date:	Email: Mailing Address:		
*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 the above named student matriculated in the College of Osteopathic Medicine at Marian University University and successfully completed all requirements and graduated with theDoctor of Osteopathic Medicine (D.O.) degree. During his/her tenure as a student in this College, performed in a noteworthy manner—personally, professionally, and academically—and graduated in good standing. Matriculation Date:/ Dates of Attendance:/ to Graduation Date:/ Authorized Signature:			
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Name Printed:	Graduation Date://		
Title:	Authorized Signature:		
Title:	Name Printed:		
Date://	Date://		
Special Notes:	Special Notes:		
Official School Seal		Official School Seal	