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 Rd, Indianapolis, IN 46222 317.955.6050 fax: 317.955.6575 email: regis@marian.edu

Student Information: Please PRINT

Student name: _____ Last four digits of SS# or Student ID: _____

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

Semester: ○ **Summer _____** ○ **Fall _____** ○ **Spring _____**

(check current semester, fill in year)

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

To: _____

Address: _____

_____

If faxing, 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 the above named student was/is enrolled at Marian University College of Osteopathic Medicine:

Summer semester _____ for a total of _____ credits

Fall semester _____ for a total of _____ credits

Spring semester _____ for a total of _____ credits

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

Authorized Signature: _____

Name Printed: _____

Title: _____

Date: _____/_____/_____

Official School Seal

Last updated March 2017