

**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: \_\_\_\_\_ MUHUB 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.).

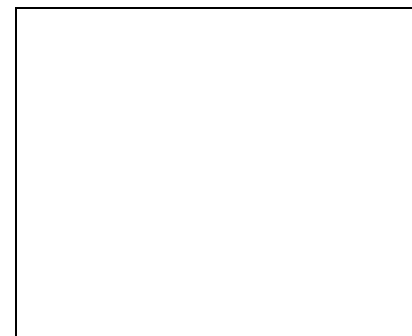
\_\_\_\_\_ matriculated to Marian University in the College of Osteopathic Medicine on \_\_\_\_/\_\_\_\_/\_\_\_\_ and has been enrolled in the program from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

Authorized Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Official School Seal