

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: _____ MUHUB Student ID: _____
Student Email: _____ Student Phone Number: (____) _____ - _____

Delivery options for individual/entity: **Emailed** **Mailed via USPS**

To Individual/Entity: _____
Email: _____
Mailing 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.

Students 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 **(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