

Michigan State University College of Osteopathic Medicine

Office of the Registrar

965 Wilson Road, Suite C110

East Lansing, MI 48824-1316

Phone: 517-353-7741 – Fax: 517-432-1976

Good Academic Standing Verification

Instructions:

Complete form and submit to

Com.OsteoMedReg@campusad.msu.edu

Allow 7-10 Business Days for Processing

Student Information: Please PRINT

Student name: _____ Date of Birth: ____/____/____

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

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

To: _____ If faxing, fax #: (____) _____ - _____

Address: _____

My signature below authorizes the MSUCOM Registrar, Admissions & Student Affairs Office 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 MSUCOM from any liability that may arise.

Signature: _____ Date: _____

COM Registrar 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 upon at graduation will be Doctor of Osteopathic Medicine (D.O.).

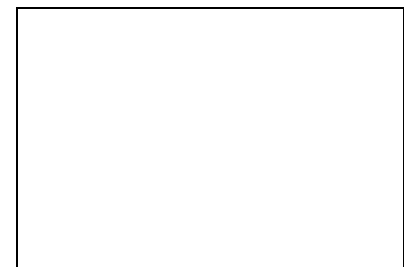
Please be advised that _____ matriculated at Michigan State University College of Osteopathic Medicine on ____/____/____ for which the dates of attendance have been from ____/____/____ to ____/____/____.

Authorized Signature: _____

Name Printed: _____

Title: _____

Date: ____/____/____



Official School Seal