

Michigan State University College of Osteopathic Medicine

Office of COM Registrar

965 Wilson Road, Suite C110

East Lansing, MI 48824-1316

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

Graduation Verification Form

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 (mm/dd/yyyy): ____/____/____

Previous Name: _____ Graduation Year: _____ Last four digits of SS# _____

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

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

To: _____

Address: _____

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

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 USE ONLY BELOW

This is to certify that **the above named student** matriculated in the College of Osteopathic Medicine at Michigan State University and successfully completed all requirements and graduated with the Doctor of Osteopathy/Doctor 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: _____

Name Printed: _____

Title: _____

Date: ____/____/____



Official School Seal