

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

Enrollment 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: _____ Site: _____

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

Verify Semester/s **Summer** _____ **Fall** _____ **Spring** _____

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 Office USE ONLY BELOW

This is to certify that the above named student was/is enrolled at Michigan State 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

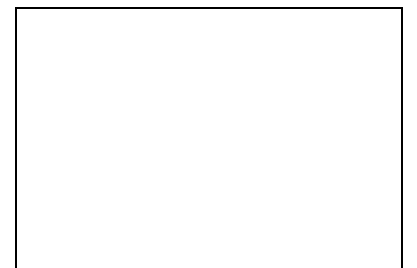
Matriculation Date: ____/____/____ Expected Graduation Date: ____/____/____

Authorized Signature: _____

Name Printed: _____

Title: _____

Date: ____/____/____



Official School Seal