

Michigan State University College of Osteopathic Medicine

Registrar's Office

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

OsteoMedReg@hc.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: _____

If this request is related to a Clerkship rotation please do not fill out this form. Instead, call (517) 353-7741 to speak with your Student Support Advocate.

My signature below authorizes the Office of the Registrar at MSUCOM 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: _____

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 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