



WESTERN MICHIGAN UNIVERSITY
— Homer Stryker M.D. —
SCHOOL OF MEDICINE

Alumni Student Records Request

Student alumni complete and return to registrar@med.wmich.edu or

Western Michigan University Homer Stryker M.D. School of Medicine, 1000 Oakland Drive, Kalamazoo, MI 49008-8033

Student Name (include any former names): _____

Date Form Submitted: _____

WMed ID number if known: _____

Date of Birth: _____

Year Graduated or Withdrawn: _____

Name of Degree earned: _____

Your current email address for confirmation: _____

Your current phone number if questions: _____

Student Record Requested:

- Degree Verification (an official letter confirming that student earned degree from WMed)
- Diploma Reprint
- Verification of student professional liability coverage while enrolled at WMed
- Copy of MSPE (Dean's Letter)
- Other: _____

Send information to (email, fax, or postal address):

Institution Name

Street1

Street2

City *State* *ZIP*

Country

Your Signature: _____

For Office Use Only

Processed and Sent Date: _____ Processed by who: _____

Sent to (email or postal): _____