

College of Medicine - Jacksonville
Office of the Dean
Administrative Affairs

653-1 West 8th Street
4th Floor, LRC
Jacksonville, FL 32209
904-244-8525
904-244-8524 Fax

MEMORANDUM

TO: Academic Personnel

FROM:

SUBJECT: Confirmation of Highest Degree for

Date/Time called: _____

Phone # called: _____

Institution: _____

Office: _____

Name/Title of person spoken to: _____

Name/Title of person calling: _____

Information given:

** If degree information was not given by the registrar's office, an explanation must be given to explain why (i.e., all medical degrees are verified by the medical school).