



Name of the individual who is being verified: \_\_\_\_\_

Name of individual at the time of training: (different than above) \_\_\_\_\_

Your name & contact number: \_\_\_\_\_

When requesting verification of your Doctor of Medicine degree, please refer to the fee schedule listed below. A signed Release Form is required by the verifying agency.

	FORM or VERIFICATION REQUIRED	FEE
<input type="checkbox"/>	Undergraduate (M.D.) Degree	\$52.50
<input type="checkbox"/>	Medical Student Performance Report Additional copies (specify number)	\$52.50 \$21
<input type="checkbox"/>	Postgraduate Training (short form – 1- 2 pages)	\$52.50
<input type="checkbox"/>	Postgraduate Training (long form – greater than 3 pages )	\$105
<input type="checkbox"/>	Postgraduate Certificate Replacement	\$52.50
<input type="checkbox"/>	Receipt Required	
<i>Transcripts are not available from this office. Please contact (204) 474-9892 or visit our website at: manitoba.ca/student/records/transcripts/</i>		

Verification is finalized when we receive ALL processing fees. VISA and MASTERCARD are the only two options for payment.

Upon receipt of payment, the required information and verification will be completed and forwarded as advised.

Please send all forms for verification for:

**UNDERGRADUATE Education**  
**Doctor of Medicine degree**  
 UGME, Faculty of Medicine  
 260 – 727 McDermot Avenue  
 Winnipeg, MB R3E 3P5  
 Fax: 204-789-3911  
[Anna.urbanik@umanitoba.ca](mailto:Anna.urbanik@umanitoba.ca)

**POSTGRADUATE Education**  
**Internship/Residency/Fellowship**  
 PGME, Faculty of Medicine  
 260 – 727 McDermot Avenue  
 Winnipeg, MB R3E 3P5  
 Fax: 204-789-3911  
[donna.coulis@umanitoba.ca](mailto:donna.coulis@umanitoba.ca)

For other documents, please contact the Registrar’s Office, University of Manitoba. Transcripts can be ordered through the internet at [umanitoba.ca/student/records/transcripts/](http://umanitoba.ca/student/records/transcripts/) or by calling 204-474-9892. To order a replacement diploma, please phone 204-474-6018.

Payment Information:  VISA     MASTER CARD    3 or 4 digit security code # \_\_\_\_\_

Name (please print) \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_