

Degree Verify Certificate

Transaction ID#: 0148541533 Date Requested: 07/10/2017 16:15 EDT
Requested by: MICHAEL HARRIOT Date Notified: 07/14/2017 12:14 EDT
Status: Confirmed
Fee: \$14.95

INFORMATION YOU PROVIDED

Subject Name: **UMAR** **ABDULLAH JOHNSON**
First Name Middle Name Last Name
Name Used While **UMAR** **JOHNSON**
Attending School: First Name Middle Name Last Name
(if different from above) **UMAR** **ABDULLAH** **JOHNSON**
First Name Middle Name Last Name
UMAR **ABDULLAH JOHNSON**
First Name Middle Name Last Name
UMAR **ABDULLAH**
First Name Middle Name Last Name
JERMAINE **SHOEMAKE**
First Name Middle Name Last Name
Date of Birth: mm/dd/yyyy
School Name: **PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE**
Degree Award Year:
Attempt To: **Verify a degree**

INFORMATION VERIFIED

Name On School's Records: **UMAR JOHNSON**
Date Awarded: **11/14/2012**
Degree Title: **DOCTOR OF PSYCHOLOGY**
Official Name of School: **PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE**
Major Course(s) of Study: **CLINICAL PSYCHOLOGY**