

THE BOARD OF REGENTS  
OF  
**Miskatonic University**

*In recognition of the successful completion of the requisite  
course of study and on recommendation of the Faculty of the*

**School of Medicine**

*by virtue of authority granted by charter of the State of Massachusetts, hereby confers upon*

*the degree of*

**Doctor of Medicine**

*with all the honors, rights, and privileges thereunto appertaining.*

*In witness whereof, this Diploma is conferred at Arkham, Massachusetts this thirtieth day of May.*

*Evan Wallace*  
CHANCELLOR OF MISKATONIC UNIVERSITY  
*W. Wilberforce*  
SECRETARY OF BOARD OF REGENTS



*Allen Terry*  
REGISTRAR  
*Charles J. Diman*  
DEAN OF THE SCHOOL OF MEDICINE

**MISKATONIC  
MEDICAL  
DIPLOMA**

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