



University of Dallas  
Office of the Registrar

# 9 H U L I L F D W L R Q Form (Instructions) P H Q W

Fill in named and UD ID#

Fill in semester to be verified  
D Ex. ± Fall

Check appropriate boxes for the information you wish to be verified.

Sign and date

Fill in address to which form should be mailed, write pick-up.

6 X E P L W F R P S O H W H G I R U P , W R X V K D Q 5 H W R M U D D R F , y o u c a n F H  
mail, fax, or email. Please make sure entire form is complete before submitting.

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1845 E. Northgate Dr.  
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University of Dallas  
Office of the Registrar

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Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

(PLEASE PRINT)      Last                                      First                                      Initial

Select the information to be verified from the items below:

Semester to be Verified: \_\_\_\_\_

... Enrollment Status

... Degree Program

...