

## **UNIVERSITY** Office of Records and Registration Verification of Enrollment

Date of	of Request:	Lett	er of Good Standing		
Student ID #:last 4 digits of SS#			Curi	rent enrollment	
Expected Graduation Date: Phone Number			Prev	Previous enrollment	
			Letter of completion		
Student Name (please print)			Hold for pick-up		
Letter of Verification to:			Student's mailing address:		
Reques	ted by: ure Required)				
		Not Write Bo	elow This Line		
This is	to certify that:				
Last		First		Middle	
	:	h-16 4: 1 4h h		- II	
a.	•	, nan-time, iess than r	nalftime) student from t	0 Hrs	
b.	attended Dillard University				
	From	_ to	(full time, half-time, less than ha	lf-time) Hrs	
	From	to	(full time, half-time, less than ha	lf-time) Hrs	
	From	to	(full time, half-time, less than ha	lf-time) Hrs	
	From	to	(full time, half-time, less than ha	lf-time) Hrs	
c.	pre-registered for	(full time, h	alf-time, less than half-time) Hrs	official enrollment	
	will be verified after drop/add perio	od	·		
d.	has completed requirements for		in	·	
	degree will be awarded				
e.	Student is in good standing	Student is r	not in good standing		
Varifia	1 hv	D	nto		

School Seal Affix (Form is void without official school seal)