



Office of Records and Registration

Verification of Enrollment

Date of Request: _____ Letter of Good Standing _____
Student ID #: _____ Current enrollment _____
Expected Graduation Date: _____ Previous enrollment _____
Phone Number _____ Letter of completion _____

Student Name *(please print)* _____ Hold for pick-up

Letter of Verification to:

Student's mailing address:

Requested by: _____
(Signature Required)

Do Not Write Below This Line

This is to certify that:

Last First Middle

a. is currently enrolled as a (full-time, half-time, less than haltime) student from _____ to _____ Hrs _____

b. attended Dillard University

From _____ to _____ (full time, half-time, less than half-time) Hrs _____

From _____ to _____ (full time, half-time, less than half-time) Hrs _____

From _____ to _____ (full time, half-time, less than half-time) Hrs _____

From _____ to _____ (full time, half-time, less than half-time) Hrs _____

c. pre-registered for _____ (full time, half-time, less than half-time) Hrs _____ official enrollment
will be verified after drop/add period _____.

d. has completed requirements for _____ in _____.
degree will be awarded _____.

e. Student is in good standing Student is not in good standing

Verified by: _____ Date: _____

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