

**ENROLLMENT VERIFICATION**

SEMESTER TO BE VERIFIED \_\_\_\_\_

Please Circle Program: Undergraduate      Braniff      School of Ministry

Name: (please print) \_\_\_\_\_ ID number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

To complete your registration, please sign and fax this form to the Registrar's Office at 972-721-5132.

I verify that I intend to attend classes at the University of Dallas for the semester indicated. I understand that I am responsible for the charges incurred by enrolling in the University, for reviewing my class schedule, and for providing up-to-date contact information.

Signature \_\_\_\_\_

Date: \_\_\_\_\_