

# University of North Texas at Dallas

Office of the Registrar  
7300 University Hills Blvd

Dallas, TX 75241  
Fax (972) 780-3636

## ENROLLMENT CERTIFICATION REQUEST

NAME \_\_\_\_\_  
(PLEASE PRINT)

STUDENT ID NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ON-DEMAND

OR

MAIL TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF COPIES REQUESTED: \_\_\_\_\_

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### Select Item(s) to Verify:

_____ Proof of Enrollment:	
_____ Current Term Only or	_____ Cumulative GPA
_____ Multiple Terms from _____ to _____	(UNT Coursework Only)
_____ Degree(s)	_____ Major
_____ Rank in Class	_____ Academic Level
_____ Academic Standing	_____ Course Schedule
	Semester _____
	Year _____
_____ Hours Attempted/Earned	_____ Anticipated Graduation
	Semester & Year _____

State law and university policy, with limited exceptions, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.