



# DALLAS INTERNATIONAL UNIVERSITY

## Enrollment Verification Request

Registrar's Office, 7500 W. Camp Wisdom Road, Dallas, TX 75236  
(972) 708-7536; Fax (972) 708-7396; registrar@fkwedu

To request a copy of an enrollment verification letter, please complete this form and mail, fax or deliver to the Registrar's Office.

Student's Full Name (Print):	_____	_____	_____
	First	Middle	Last
Today's Date:	_____	F cmu'kpn ID/Library #:	_____
	Month/Day/Year		(last 5 digits only)
Tel. #:	_____	Email:	_____

**Please choose an option:**

Mail – Send verification to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax – Send verification to: \_\_\_\_\_  
\_\_\_\_\_

Pick up

All enrollment verification letters include the student's full name, local address, date of birth, academic terms (term dates), number of credits in which you are registered each term, expected graduation date (if any), major program (graduate, undergraduate).

**Please choose if you wish additional information to be included:**

GPA for each term and cumulative          Enrollment status (full-time, part-time)

Social Security number          Other: \_\_\_\_\_

Student's Signature: \_\_\_\_\_  
(Request must be signed to be valid)

OFFICE USE ONLY
Date Received (Initials): _____ Date Sent (Initials): _____ Comments (optional): _____