



XAVIER UNIVERSITY
OFFICE OF THE REGISTRAR

1 Drexel Drive • Box 96
New Orleans, LA 70125
PHONE (504) 520-6790 • FAX (504) 520-7922

Name _____ SS# _____

Home Phone # _____ Cell _____ Gender _____

Student's University Email _____ Date of Birth _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

This is to certify that the above named student has registered at _____
and is hereby authorized to register for course(s) at : Dillard Loyola Tulane Xavier Notre Dame
for Fall Spring 20____ .

Course Prefix	Course #	Course Title	Course Section
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Chair _____ Department

TO BE COMPLETED BY THE REGISTRAR'S OFFICE OF THE PARTNERSHIP INSTITUTION.

I certify that the above named student is enrolled in the listed course(s) at:

Please check one: Dillard Loyola Tulane Xavier

_____ Registrar's Office Representative

_____ Date

BOTTOM PORTION TO BE COMPLETED BY THE STUDENT

Please send a transcript of my credits upon completion of the above course(s) to:

Dillard Loyola Tulane Xavier

_____ Student's Signature

_____ Date