

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