



DOMINICAN UNIVERSITY

Office of the Registrar

7900 W. Division - River Forest, IL 60305

708/524-6774 708/524-6943 fax

REQUEST FOR INFORMATION

A separate request form must be presented each semester

Please Print

Date of request _____

Student ID Number _____

Name _____
Last First Middle

Phone Number _____

Please Complete

REQUEST FOR THE FOLLOWING: *(Please check all that apply)*

- Letter of Full Time/Half Time/Less Than Half Time Status
- Letter of Good Standing
- Number of Semester Hours Currently Enrolled
- Completion of Attached Form
- Other (Special Request - *Please describe*)

Semester:

Year:

Summer _____

Fall _____

Spring _____

CHECK ONE:

Hold for pick-up

Mail to address shown

Fax to: _____

ATTN: _____

Student Signature

OFFICE USE ONLY

REQUEST PROCESSED BY:

Staff: _____

Date: _____