



THE UNIVERSITY OF DALLAS

Quick Application for Re-Admissions

1845 E. Northgate Dr., Irving, Texas 75062

registrar@udallas.edu

972-721-5221

Name _____ UD ID #: _____
Last First M.I.

Address _____
Street & Number City State Zip Code

County _____ Tel. No. _____
Area Code Number

Email Address: _____

Are You:

Post baccalaureate: Degree Earned & Major _____ Year: _____

From (College/University): _____ Year: _____
Name City State

Undergraduate: Last College Attended: _____ Year: _____
Name City State

Have you previously attended the University of Dallas? Yes No

Are you planning to attend UD in the future ? Yes No

If yes, please indicate which session/semester you plan to return:

Year: _____ Fall Spring Summer

Signature _____ Date _____