



UNIVERSITY OF DALLAS

Dean's Certification

Applicant's last name (as it appears on the application)

First name

Middle name

Applicant's undergraduate and graduate schools

To the applicant:

Please print this form, complete the top section, indicate below whether or not you waive your right to access this form and any attachments, and give it to the Dean of Students or comparable administrative official at each undergraduate and graduate degree program in which you have been enrolled. This form will not be transmitted electronically.

Applicant (check one):

- I agree to waive my right to see this certification completed on my behalf.
- I do not agree to waive my right to see this certification completed on my behalf.

Signature of applicant

Date

To the certifier:

The person named above has applied for admission to University of Dallas. The Rome Program would appreciate your honest and detailed answers to this inquiry as your assessment of this applicant will play an important role in the admissions process. Your answers to the following questions will be treated as confidential if the applicant has waived his or her right of access in the waiver above.

Certifier:

Is the applicant identified above currently in attendance at your school? Yes No

If yes, is the applicant in good standing? Yes No

If the applicant is not in good standing, please explain below or on a separate attachment.

Has the applicant identified above been suspended, expelled, or required to withdraw from your school, or been the subject of any other disciplinary action or proceedings for misconduct or deficient scholarship, or are there any charges pending against the applicant? Yes No

If yes, please explain below or on a separate attachment.

Signature of certifier

Date

Name (please print or type) _____

Title _____

Institution _____

Address _____

Phone _____ Fax _____ Email _____

Please send this form by U.S. Mail directly to:

Rebecca Davies, Director
 Rome and Summer Programs Office
 University of Dallas
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