

## **Study Abroad Enrollment Verification Form**

**Part 1.** To be completed by the Exchange Participant and the Host Coordinator upon arrival at host institution and when course registration is finalized. If the Participant needs to provide proof of enrollment for financial aid or other purposes, he/she should fax a copy of Part 1 to the home institution. The Participant and the Host Coordinator should both retain copies of this form. At the end of the exchange, please complete Part 2 of the form.

| Participant Name:      | Home Institution:      |
|------------------------|------------------------|
| ISU Student ID Number: | Host Institution:      |
| Length of Exchange:    | Host Coordinator Name: |

□ I, the Participant listed above, have met with my Host Coordinator and confirmed registration in the courses listed below. I agree to notify my home institution immediately if there are any changes to my program of study.

□ I, the Host Coordinator listed above, have verified the Participant's enrollment in the program as described.

Date

Date

| Course Title | Course # | # Hours/<br>Week | Total #<br>Weeks | Total # Credits<br>(if applicable) | Name of Professor |
|--------------|----------|------------------|------------------|------------------------------------|-------------------|
|              |          |                  |                  |                                    |                   |
|              |          |                  |                  |                                    |                   |
|              |          |                  |                  |                                    |                   |
|              |          |                  |                  |                                    |                   |

Part 2. To be completed by the Participant and the Host Coordinator upon course completion, prior to departure:

□ I, the Participant, have signed all necessary transcript release forms at the host institution and have paid all outstanding balances incurred at the host institution. I have collected signatures from all the professors of courses I have completed and expect to appear on my transcript.

| Signature of | of Student |
|--------------|------------|
|--------------|------------|

Date

□ I, the host coordinator, have met with the Participant above regarding transcript issuance procedures at this institution.

Signature of Host Coordinator

Date

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