VERIFICATION OF OVERSEAS ENROLLMENT FORM

Office of Education Abroad, Ohio University

This form must be completed by all Ohio University students participating on an Ohio University exchange program, Ohio International Consortium (OIC) program, or a Non-Ohio University program for transfer credit **after** you arrive to your host country and for each quarter you are studying abroad. Failure to submit this form will result in removal of Foreign Study credit (STDY 000/900), inability to pre-register through the Office of Education Abroad (OEA), and loss of financial aid. If the form is damaged or lost, you may obtain a signed letter stating the same facts on the program or institution letterhead or print a new form from the OEA website at http://www.ohiou.edu/studyabroad/forms.html.

Follow these steps:

- You must submit this form **each Ohio University quarter** you are studying abroad.
- The appropriate institutional authority overseas (in-country Program Director or Registrar) must sign, date, and, if available, affix or stamp the institution's official seal on it.
- Fill in clearly and accurately all sections of the form and send by fax or mail to the Office of Education Abroad.

RETURN COMPLETED FORM TO:

Office of Education Abroad, Ohio University
185 Lindley Hall, Athens, OH 45701 USA
Tel: (740) 593-4583, Fax: (740) 593-9758
Email: education.abroad@ohio.edu
Web: www.ohio.edu/studyabroad

Please Print.

TO BE COMPLETED BY STUDENT

I am submitting this form for the following OU Quarter: (check one) _____Summer 200__ _____Fall 200__

_____ Winter 200 __ _____Spring 200 __

Program Length: _____, 200_____ to _____, 200_____
(Start Date) *(End Date)*

Current Foreign Address:

_____

_____

E-mail address: _____ Telephone: _____

TO BE COMPLETED BY IN-COUNTRY PROGRAM/EXCHANGE DIRECTOR OR REGISTRAR

This is to certify that _____
(Student's Name) *(SS# or PID)*

has enrolled as a full-time student at _____.
(Host University or Program Sponsor)

This student is currently registered for _____ number of host institution credits for the current semester/term of

_____, 200_____ to _____, 200_____. The type of host
(Start Date) *(End Date)*

institution credits are _____ (e.g. ECTS, credit points, units).

Signature of Program/Exchange Director or Registrar: _____

Print Name: _____ **Title:** _____ **Date:**_____