

F-1 RE-ENROLLMENT INSTRUCTIONS

When you have plans to return to Ohio University and re-enroll in academics, you must complete the following steps:

ACADEMIC:

- Contact your college **AT LEAST 3 MONTHS** prior to your expected return date and request permission to enroll.
- Submit the Registrar's Re-Enrollment Form to that office - <http://www.ohio.edu/registrar/>.
- Wait for Registrar to approve your re-enrollment request.

ISSS (after completion of Academic steps):

- Ask your department to complete this form.
- Log into iCats, select *F-1 Student Services*, and complete the *Re-enrollment I-20 Request eform*.
 - You will upload the attached recommendation form
 - You will upload financial documentation
 - Upon receiving the complete eform ISSS will create your new I-20 form

AFTER NEW I-20 HAS BEEN ISSUED:

- Pay the [I-901 SEVIS fee](#) again with your new SEVIS ID
- If your F-1 visa has expired, schedule an appointment for a new U.S. F-1 visa
 - If your existing visa is still valid, you can continue to use it
- Travel to the United States no more than 30 days before the start date on your new I-20



F-1 REQUEST FOR REENROLLMENT

RE-ENROLLMENT I-20 RECOMMENDATION

Student Section:

Family/Last Name: _____

Given/First Name: _____

PID: _____ Expected Re-Enrollment Term (Semester & Year): _____

College Student Services Office Representative (Undergraduate Students) or Department/Graduate Chair (Graduate Students) Section:

The above student is requesting to return to Ohio University. The student is required to prove eligibility to be issued a new form I-20.

As this student's College Student Services Office Representative (Undergraduate Students) or Department/Graduate Chair (Graduate Students), I confirm the following (please check both options):

- I reviewed this student's record and they are academically eligible to return or continue their studies at Ohio University.
- The student's expected graduation term is: _____
(Semester & Year)

Department Chair or College Representative's Signature*: _____

Printed Name: _____

Title: _____

College or Department: _____

Date: _____

*** ISSS forms may only be signed by a representative from the College Student Services Office (Undergraduate Students) or Department/Graduate Chairs (Graduate Students).**



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