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).