



Enrollment Verification Form

Center for International Programs

Complete this form **upon arrival once your course registration is finalized**. Your USI scholarships and loans will not distribute until this form is submitted to the Center for International Programs at go.abroad@usi.edu or faxed to **+812.228.5097**

Participant Name:

Host Institution:

USI student ID #: _____

Host Coordinator:

Semester/Year: _____

I have met with my host Coordinator and confirmed registration in the courses listed below. I agree to notify USI 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.

Signature of Study Abroad Participant

Date

Signature of Study Abroad Coordinator

Date

Course Title	Course Code	# Hours/Week	Total # of Weeks	Total # of Credits at Host Institution

Office Use Only

USI Credit Equivalency _____

CIP Advisor Initials _____

Sent for Financial Assistance _____
