

GEORGIA TECH
VERIFICATION OF ENROLLMENT ABROAD FORM
FAX TO OIE: 1-404-894-9682

TO BE COMPLETED BY STUDENT UPON ARRIVAL IN HOST COUNTRY AND RETURNED WITHIN 3 WEEKS:

FULL NAME: _____

GT ID: _____

GT E-MAIL: _____

OVERSEAS PHONE: _____

OVERSEAS ADDRESS: _____

TO BE SIGNED AND COMPLETED BY EITHER THE REGISTRAR OF THE FOREIGN INSTITUTION OR A STAFF MEMBER OF THE INTERNATIONAL OFFICE AT THE HOST INSTITUTION. THIS FORM IS VALID ONLY WHEN SIGNED.

THIS IS TO VERIFY THAT _____ HAS ENROLLED FOR _____
(NAME OF STUDENT) (TOTAL # OF HOST CREDITS)

AT _____ FOR _____
(NAME OF INSTITUTION) (SEMESTER OR TERM)

THE CLASSES IN WHICH THIS STUDENT HAS ENROLLED ARE AS FOLLOWS:

| HOST NAME OF CLASS AND COURSE # | #OF CREDITS AT HOST INST. |
|---------------------------------|---------------------------|
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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SIGNATURE OF REGISTRAR OR OVERSEAS PROGRAM ADVISOR

DATE (MONTH /DAY /YEAR)

NAME – PLEASE PRINT

TITLE