

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

TO BE COMPLETED BY STUDENT UPON ARRIVAL IN HOST COUNTRY:

FULL NAME: _____

GT ID: _____

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