

APPALACHIAN STATE UNIVERSITY

Verification of Study Abroad Enrollment



THIS SECTION MAY BE COMPLETED BY STUDENT:

This is to certify that _____ was enrolled
Student's name – please print

in _____ on a full-time basis for the
Name of institution & location

period _____ to _____
Program start date Program end date

List of courses in which you are currently enrolled:

Course #	Course title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

→ _____
Student Signature Date

=====

TO BE COMPLETED BY HOST INSTITUTION:

→ _____
Signature of Program Director or On-site Registrar Date

→ _____
Please print name & title

Forms will only be accepted as valid when signed by the on-site Program Director or Registrar and mailed or faxed from your foreign address. **This form MUST be completed and returned by all ASU students studying abroad.** We recommend that you have the form signed as soon as you have registered for classes.

PLEASE RETURN THIS FORM TO: OFFICE OF INTERNATIONAL EDUCATION & DEVELOPMENT
APPALACHIAN STATE UNIVERSITY

FAX: 828-262-4037 I.G. GREER
Phone: 828-262-2046 ASU Box 32084
Boone, NC 28608-2083