Clearance for F-1 students to enroll as non-degree student

NAME: _______________________________________________________

ADDRESS: ___________________________________________________

PHONE: ______________________________________________________

BIRTHDAY: _______________ Panther ID ________________

ATTACHMENTS:

___ Copy of visa and passport
___ Copy of I-94
___ Copy of I-20
___ Copy of medical insurance card (front and back)
___ Academic or ISSS Advisor’s letter (permitting non-degree enrollment)

FOR ISSS USE ONLY MEDICAL INSURANCE

*MUST SATISFY MEDICAL INSURANCE REQUIREMENT*

___ Has satisfied medical insurance requirements.

The international student above _______ is _______ is not eligible to enroll as a special student for the _____ FALL _____ SPRING _____ SUMMER TERM 20____.

__________________________________ ______________________
Authorized Signature Date

International Student and Scholar Services