

APPROVAL OF ENROLLMENT AT MULTIPLE INSTITUTIONS FOR F-1s & J-1s

International Student & Scholar Services 🌐 **Old Dominion University**
101 Dragas International Center 🌐 **Norfolk, VA 23529** 🌐 **intlstu@odu.edu**

Please fill out the form below and ask the International Student Advisor at your other school to sign as well. If you are taking courses at more than one additional school, **please fill out a form for each school**. Thank you.

Name _____ UIN _____ SEVIS ID N _____

Address _____ Telephone _____

E-Mail _____@odu.edu Visa Status _____ Semester: Fall Spring Summer Year: _____

Other institution for which permission is requested _____

LIST ALL COURSES—INCLUDING ODU COURSES—TO BE TAKEN DURING THE INDICATED SEMESTER.

<u>Department, Course Number and Name</u>	<u>Credits</u>	<u>Institution Offering Course</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL CREDITS _____

IMPORTANT: The above approval of courses taken can be given for immigration purposes only. This form does not guarantee that courses will transfer in and be credited towards your Old Dominion University degree. You must contact your academic advisor at ODU to inquire about the credit transfer process.

PLEASE READ AND SIGN BELOW. I understand that the above courseload will be considered full-time under appropriate Immigration regulations as long as I complete all courses at all institutions listed above; if I take fewer than the credits required for my academic level (12 for UG, 9 for GR), I will submit a request for an approved reduced courseload. I agree to notify ISSS at ODU before I withdraw from any course at any institution, including ODU. Should I withdraw from a course without permission from ISSS, I understand that I may be in violation of Immigration regulations concerning full-time F-1/J-1 status and may have to file for the reinstatement of my visa status.

Signed _____ **Date** _____

Registration Verification from Other Institution

School Name _____

School Address _____

DSO Name _____

Contact Info _____ (e-mail/phone)

Signature _____

Date _____

ISSS Office Use Only

Approved Denied

Contact History:

Signed _____

Date _____

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