

# Confirmation of Courses & Address Verification

**Deadline - 2 weeks following student's enrollment in classes in host country; this form is only required for fall and spring semesters.**

Please return the following **signed** confirmation to the Reves Center for International Studies by email (wmabroad@wm.edu: scanning and emailing or taking a picture of the form and emailing), fax, or mail. "Electronic signatures" will not be accepted. Should your address or enrollment status change while you are abroad, you are required to notify the Reves Center in writing for review as soon as possible.

## STUDENT CONTACT INFORMATION:

Name: \_\_\_\_\_ W&M ID # 930 \_\_\_\_\_

Host institution: \_\_\_\_\_ Program (if applicable): \_\_\_\_\_

Mailing Address Abroad: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ Date you plan to leave the address abroad: \_\_\_\_\_

Phone (if not available, please list other ways in which we might contact you): \_\_\_\_\_

\_\_\_\_\_

## PROGRAM CONTACT INFORMATION:

Name of any contact(s) in program office: \_\_\_\_\_

\_\_\_\_\_

Phone Abroad: \_\_\_\_\_ Email: \_\_\_\_\_

## FINAL COURSE LIST:


I affirm that I am currently enrolled **full time** in the courses listed above (the equivalent of 12 W&M credits), and am consistently attending these courses. I will immediately contact the Reves Center in writing for review when there are any changes to my course enrollment, status, or attendance. I will contact the Reves Center Study Abroad Coordinator if I have questions about this.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ENROLLMENT VERIFICATION (MANDATORY)** -To be completed by a staff member who can confirm the student's enrollment in an official capacity: a university registrar, study abroad program director, international office staff member, etc.

*Students, please note that this form will not be checked off in your online file with this portion incomplete, unless you substitute an official enrollment verification document. In this case, you must also return the upper portion of the form, completed and signed.*

I certify that this student is currently enrolled **full time** in the courses listed above.

**Name (Print)** \_\_\_\_\_ **Position Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_