

Confirmation of Courses / Enrollment Verification

UPLOAD to STUDYABROAD.WM.EDU (or) EMAIL to WMABROAD@WM.edu

STUDENT CONTACT INFO	RMATIC	DN:			
Name: W&M ID # 93					
Host institution:					
Program (if applicable):					
PROGRAM CONTACT INF	ORMATI	ION:			
Name of any contact(s) in prog	gram office	e:			
Program coordinator/manage	r/advisor's	s phone:			
Program coordinator/manage	r/advisor's	s email:			
FINAL COURSE LIST (COU	RSE NUI	MBER/TITLE)			
COURSE #1 NUMBER/TITLE	CREDITS	COURSE #2 NUMBER/TITLE	CREDITS	COURSE #3 NUMBER/TITLE	CREDITS
COURSE #4 NUMBER/TITLE	CREDITS	COURSE #5 NUMBER/TITLE	CREDITS	COURSE #6 NUMBER/TITLE	CREDITS
that I am consistently atten advisor in writing for review	ding thes when th	e courses. I will immediately nere are any changes to my c	contact nourse enro	e equivalent of 12 W&M creeny Global Education Office recollment, status, or attendance	gional e.
•		DRY) - To be completed by a sta udy abroad program director, in		who can confirm the student's of loffice staff member, etc.	enrollment in
I certify that this student is cur	rently enr	rolled full time in the courses lis	ted above.		
Name (Print) Position Title:					
Signature Date:					