CERTIFICATION OF ENROLLMENT REQUEST

Today's Date _____ Social Security No. _____ Student No. _____

_____

Family Name *First Name* *Middle Name*

Passport No. _____ INS Admission No. (1-94 card) _____

Level of Education (check one) O Undergraduate O Graduate/Master's O Graduate/Ph.D.

Major _____ Expected Completion Date _____

Means of Support (please specify type and source of funds, as appropriate): Student's Personal Funds _____

Funds from this School _____ Family Abroad _____ Funds from Another Source _____

Current Local Address Have You Recently Changed Your Telephone Number or Address? (check appropriate box) O Yes O No

Street _____

City _____ State_____ ZIP Code _____

Telephone _____ ***X*** Student's Signature _____

Been in Program Since_____ Hours Completed_____ Hours Currently Enrolled in this Semester_____

Number of Hours You Plan to Register for Next Semester_____ Have You Registered for Next Semester? O Yes O No

FOR OFFICE USE ONLY _____ Pickup Date _____

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Florida Institute of Technology • Office of International Student and Scholar Services

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