

**Study Abroad Host Institution Enrollment Form**

This forms serves to assist with verifying the class schedule at the host university and completion of courses at the end of the semester. At the beginning of the semester at the host university complete columns 1-5 of Part 1, see below. At completion of the semester have the host university course professors sign column 6 of Part 2, see below. The completed form will be required, along with the official transcript, in order for credits to transfer back to UNCP, for financial aid approval, and to have the UNCP transcript updated to reflect the courses taken at the host university.

**Part 1 – to be completed at the beginning of the semester.**

LAST Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have met with my host university coordinator and confirmed registration in the courses listed below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

Host University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Host University Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have verified the Participant’s enrollment in the program as listed below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 - Course Title | 2 - Course  Code | 3 - # of  Hours/Week | 4 - Total  # Week | 5 - Total  # Credits | 6 - Signature of Professor \*\*Please obtain upon course completion ONLY |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*Attach any additional courses as needed on a separate sheet.

**Part 2 – to be completed at the end of the semester by the Participant and the host Coordinator.**

I, the Participant, have signed all necessary transcript release forms at the host institution and have paid all outstanding balances incurred. I have collected signatures from all the professors of courses completed and expect to appear on the transcript.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

I, the host Coordinator, have met with the above Participant regarding transcript issuance procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

\*\*The Participant and the host Coordinator should retain copies of this form upon completion of the program.\*\*

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| --- |
| Host University Stamp or Seal |