



# HOST INSTITUTION ENROLLMENT FORM

**Part 1. To be completed by the ISEP Participant and the ISEP Host Coordinator upon arrival at host institution and when course registration is finalized.** If the Participant needs to provide proof of enrollment for financial aid or other purposes, he/she should fax a copy of Part 1 to the home institution. The ISEP Participant and the Host Coordinator should both retain copies of this form. At the end of the exchange, please complete Part 2 of the form. Please note that in some cases, this form may ultimately be used to generate a transcript.

Participant Name: _____	Home Institution: _____
Social Security Number: _____	Host Institution: _____
Length of Exchange: _____	Host Coordinator Name: _____

I, the ISEP Participant listed above, have met with my Host Coordinator and confirmed registration in the courses listed below. I agree to notify my home institution immediately if there are any changes to my program of study.

_____ Signature of ISEP Participant	_____ Date
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I, the Host Coordinator listed above, have verified the Participant's enrollment in the program as described.

_____ Signature of ISEP Host Coordinator	_____ Date
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Course Title	Course #	# Hours/Week	Total # Weeks	Total # Credits (if applicable)	Signature of Professor <small>**Please obtain upon course completion ONLY – see part2**</small>

Attach an additional sheet if necessary.

**Part 2. To be completed by the ISEP Participant and the Host Coordinator upon course completion, prior to departure:**

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

_____ Signature of ISEP Participant	_____ Date
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I, the host coordinator, have met with the ISEP Participant above regarding transcript issuance procedures at this institution.

_____ Signature of ISEP Host Coordinator	_____ Date
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**\*\*The ISEP Participant and the Host Coordinator should both retain copies of this form upon completion of the program.\***

Please affix host university stamp or seal