

Study Abroad Enrollment Verification (OVRxx)

University of South Florida
Office of Financial Aid • 4202 East Fowler Avenue, SVC 1102 • Tampa, Florida 33620-6960

This form must not be filled out before the official start of the first day of courses.

I, undersigned (*Name of the Authorized Person*): _____

Role (*Job Title*): _____

Email: _____ Phone Number: _____

Host Institution (*Name of University*): _____

Certify that (*Name of USF Student*): _____

has arrived at this institution for the Fall Spring Summer 20 _____ semester.

The student's attendance starts on: _____ and ends on: _____

Class/Course/Module Code	Title of Class/Course/Module	Semester (Fall/Spring/ Summer)	Number of Credits Enrolled

Commitment of the Host University

By signing this document the receiving host institution confirms that the student is enrolled in the courses above and will inform the University of South Florida if the student does not begin any of the courses or decides to withdraw from any courses or the program of study. Please notify us of course withdrawals at fastudyabroad@usf.edu. Questions about the form can be sent to the same email address.

Date: _____ (*mm/dd/yyyy*)

Signature: _____