

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Local Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Status / Type: **F-1 Visa Student** **J-1 Visa** **Other: \_\_\_\_\_** | **Concurrent** **Contract** for approved Academic Disqualification students

Home Institution: \_\_\_\_\_

**Guidelines for Open University enrollment include the following (as marked):**

- Attend International Orientation
- Purchase mandatory health insurance
- Submit an application for admission for the \_\_\_\_\_ semester by \_\_\_\_\_
- Attend American English Institute as a full-time student this semester
- Make an appointment with the International Office Immigration Specialist
- Enroll in a minimum of 12 units. (of those, 3 units maximum online units). Must enroll in \_\_\_\_\_ more units.

Additional Conditions: \_\_\_\_\_

Advising Recommendations: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above-named student has agreed to the conditions listed above. The following registration is approved:

Subject & Course #	Unit(s)	Action	NOTES <small>(for office use only)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: \_\_\_\_\_  
Immigration Specialist (DSO), ISSP Date

Signature: \_\_\_\_\_  
Foreign Student Advisor, ISSP Date