



**2. Academic Advisor/Major Professor**

I understand that by signing this form I am verifying my advisee’s situation. I have corroborated this situation with appropriate medical/academic entities. I understand that my signature does not grant the under-enrollment. My advisee will need to consult with the office of Student Services and receive permission from the DSO prior to dropping below government enrollment requirements.

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Advisor’s Signature	Print Name	Phone	Date
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Advisor’s Comments: \_\_\_\_\_

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**3. Student Certification**

I confirm that the above information is true and understand that I am required to continue the International Student Health Insurance Program or equivalent coverage when I am under-enrolled.

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Signature of Student	Name (print)	Date
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Current Address #	Current Phone
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Academic Major Date	Degree	Expected Completion
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**4. Office of Student Services Certification:**

International Student Advisor Approval:  Approved  Denied

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OISS Advisor’s Name	Date
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Comments: \_\_\_\_\_

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