

Immigration Registration

Name: _____ **Visa:** F-1 J-1
(Last/Family Name) (First Name) (Middle Name)

WOU Student ID: V _____ **Major:** _____ **Level:** Undergrad Graduate
 Post Bacc

Country of Citizenship: _____ **Date of birth:** _____
Month/Day/Year

U.S. Physical Address (this cannot be a P.O. Box, OIED, or WOU address):

(Street) (Apt#) (City) (State) (ZIP Code)

Local Phone Number: _____ **Personal E-mail Address:** _____

Initial if you have read and agree to the following statements.

_____ I understand that I must register for at least 12 undergraduate or 9 graduate credits or I will fall out of status.

_____ I understand I must register for no more than 3 online credits each term. Undergraduates must take at least 9 in class credits and graduate students at least 6 in class credits.

_____ I understand that any student registered for less than full-time enrollment, and without an authorized Reduced Course Load form, will be out of status.

_____ I understand that I must update OIED within 10 days of changing addresses or I will fall out of status.

_____ I understand that I may not take employment off-campus without first discussing my options with an International Student Advisor or I will fall out of status.

_____ I understand that I must purchase and have insurance during the duration of my studies.

_____ I understand that I must maintain a 2.0 GPA minimum (undergraduate) or I will be put on academic warning. Graduate students should check with their departments for minimum standards.

_____ I understand that I must update OIED if I decide to change my major or of any significant financial changes.

_____ I understand that I must notify the OIED if I decide to leave Western Oregon University for any reason (travel, transfer, graduate, withdrawal, etc).

_____ I understand that I must check my WOU e-mail every day for important information.

I verify that I understand all of the above information as required by U.S. immigration regulations. Failure to follow the statements listed above may result in the termination of my SEVIS record.

Signature: _____ **Today's Date:** _____

For office use only :	<input type="checkbox"/> Date stamped	<input type="checkbox"/> SEVIS	<input type="checkbox"/> Banner CU & PR	<input type="checkbox"/> Portal	<input type="checkbox"/> Email distribution
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