



California Polytechnic State University  
San Luis Obispo, CA 93407

International Education and Programs  
(805) 756-1477 • Fax (805) 756-5484

## Off-Campus Enrollment Form For Cal Poly F-1 Students

Use this form to attend courses at another college or university temporarily. The form provides the outside institution with validation of your SEVIS status and notifies IEP of units to count toward your full-time enrollment each quarter. A new form must be completed for each Cal Poly quarter. Please provide proof of enrollment.

**To be completed by student:**

Student's Family Name (surname) \_\_\_\_\_ Given Name \_\_\_\_\_

Cal Poly Student ID Number \_\_\_\_\_

Cal Poly quarter toward which units will be applied: Term: \_\_\_\_\_ Year: \_\_\_\_\_  None - on OPT

**To be completed by Cal Poly International Student Advisor:**

SEVIS ID Number \_\_\_\_\_ This student is either (check one):

Seeking the degree of \_\_\_\_\_ in the major of \_\_\_\_\_ OR

Has applied for or is engaged in Post-completion OPT from (beginning date) \_\_\_\_\_ to (end date.) \_\_\_\_\_ . Cal Poly coursework completion date: \_\_\_\_\_ .

I, Dr. Barbara Andre, Associate Director, International Education and Programs, Cal Poly State University, San Luis Obispo, verify that this student is currently in F-1 status and must continue to report to Cal Poly to maintain status.

\_\_\_\_\_  
Dr. Barbara Andre

\_\_\_\_\_  
Date

**To be completed by the outside institution with which Cal Poly student will enroll:**

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Term

\_\_\_\_\_  
Year

\_\_\_\_\_  
Beginning Date

\_\_\_\_\_  
Ending Date

\_\_\_\_\_  
Course Code

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Units

\_\_\_\_\_  
Course Code

\_\_\_\_\_  
Course Title

\_\_\_\_\_  
Units

Please indicate the name, title and phone number of the contact person with whom we may verify this information:

\_\_\_\_\_  
Name of Advisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

**Please fax this completed form to: (805) 756-5484 Attn: Dr. Barbara Andre**