

**VERIFICATION OF ENROLLMENT FORM FOR  
STUDY ABROAD/EXCHANGE**

Please complete the following information as soon as the course registration period at the host institution has concluded and have the form signed by the program or exchange director. **Return this form by mail or fax no later than October 1 (fall semester) or February 1 (spring semester) to the Office of International Programs, Maxwell Library Room 100B, Bridgewater State College, Bridgewater, MA 02325, or FAX 508/531-6131.**

This is to certify that \_\_\_\_\_  
Student's name (Please print)

has enrolled as a full-time student in \_\_\_\_\_  
Program/Exchange Name

for the period from \_\_\_\_\_ to \_\_\_\_\_

The student has registered for the following classes.

Course No.	Course Title	No. Credits

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FORM WILL BE ACCEPTED AS VALID ONLY WHEN SIGNED BY THE ON-SITE PROGRAM/EXCHANGE DIRECTOR OR REGISTRAR AND MAILED OR FAXED FROM THE OUT OF STATE ADDRESS.**