

## **Study Abroad Enrollment Confirmation Office of Global Programs**

Campus Center 2100

100 William T Morrissey Boulevard, Boston, MA 02125-3393

Phone: 1-617-287-5586 Email: studyabroad@umb.edu

Name of Student (Last, First)

UMB ID #
Field of Study
Email Address

This purpose of this form is to obtain course enrollment confirmation from the Host institution. Submit this completed and signed form, including signature and institutional seal of the abroad institutional/ program coordinator, to the Office of Global Programs by e-mail to <a href="mailto:studyabroad@umb.edu">studyabroad@umb.edu</a>. This completed and signed form must be received in order to confirm enrollment & for disbursement of the student's financial aid eligibility. **To be completed by Student:** 

	Institution Attending		
	Country		
	Academic Term and Year		
	Start Date of Program		
	End Date of Program		
To be comple	eted by Host Institution/ Student: Confirmed enrol	llment	
Course Code	Course Title	Number of	Was this course included in the
(if any)		Credits	submitted prior approval form?
•			□Yes □ No
Student's Signature:		Date:	
<b>Host Institutio</b> We hereby con	on: firm that the student has arrived at our institution to be	egin enrollment in the c	course(s) listed above.
Institutional/ Program Coordinator Name:			Institutional Stamp/Seal
Email Address:	:		
Signature: Date:			
Su	abmit completed form to the Office of Global Progr	rams via email to stud	vabroad@umb.edu.