

REQUEST FOR LETTER OF ENROLLMENT

First Name:	Last Name:
Gender:	Graduate or Undergraduate:
College or Department:	Major:
SEVIS ID or SSN:	Daytime Telephone:
E-mail Address:	

Please note:

If you were enrolled full-time for the requested quarters, you should request verification of enrollment from the Office of the University Registrar at <http://www.ureg.ohio-state.edu/ourweb/more/Content/Verification.htm>.

This request form is for current or previous quarters during which you were not enrolled full time but had authorization from OIE or were on full-time CPT/academic training.

Please select one of the following:

- Since _____ (*Quarter/Year*)
- From _____ (*Quarter/Year*) through _____ (*Quarter/Year*)

I was not enrolled full time during at least one of the quarters for which I have requested this letter because

- a) _____ I had an academic Credit-Hour Reduction form on file in OIE.
- b) _____ I had a medical Credit-Hour Reduction form on file in OIE.
- c) _____ I had Concurrent Enrollment at another institution.
- d) _____ I had full-time Curricular Practical Training Authorization.
- e) _____ I had full-time Academic Training Authorization.

I certify that the above is accurate to the best of my knowledge.

Signature: _____ Date: _____

Letter will be ready in the afternoon three business days after request has been made.