



**COURSE ENROLLMENT AGREEMENT**

Student Name \_\_\_\_\_ UM Student ID # \_\_\_\_\_

Host University \_\_\_\_\_ Country \_\_\_\_\_

Your Address Abroad:		Cell Phone # Abroad:	
		Emergency Contact Abroad	
		- Name and Number:	

**Enrolled Courses**

Course Number	Title	# of Credits (At host university)	UM Credits (Refer to info book for equivalencies)
<b>Total Credits:</b>			

Host University:

I confirm that the student has been enrolled in the above course and meets the enrollment requirements at my institution.

Exchange coordinator's signature: \_\_\_\_\_ Date \_\_\_\_\_

UM Exchange Student:

I, \_\_\_\_\_, agree to inform my IEEP advisor of any changes to the *number of credits* for which I am registered abroad as stated above. I am aware that it is my responsibility to maintain full-time student status (equivalent to a minimum of 12 UM Credits) during my studies abroad. By signing below, I understand and agree to the above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

(Submit the completed form by e-mail or fax to your IEEP advisor no later than 2 weeks after the start of classes)