



1. Student Information (to be completed by the student)

Family Name:	Given Name:
Coyote ID:	E-mail:
Major:	Visa Type: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1
Degree: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visiting Scholar	
_____ Signature	
_____ Date	

2. Academic Advising (to be completed by the advisor)

Advising Term: Fall Winter Spring Summer _____ (Year)

Comments (if any): _____

_____ Print Name	_____ Signature
_____ Title	_____ Department
_____ Date	_____ Department Stamp

Please enroll in classes as soon as possible

CISP Office Use Only

Completed by: _____ Date: _____

Current enrollment : _____ units Health Insurance expires: _____

Orientation Hold : Removed Pending

Comments/CISP holds: _____

DSO Use: SEVIS REGISTRATION: _____ DATE: _____ <small>MM/DD/YYYY</small>
