



Washtenaw Community College

Office of Admissions

REQUEST FOR REGISTRATION: WCC F1 VISA ONLY

**Must be submitted each semester **

WCC F1 students are required to submit **proof of their medical insurance** with **coverage dates** including medical **evacuation and repatriation** benefits. This insurance must be valid for the **entire semester** before registration will be permitted. WCC does not accept payment from students to extend their insurance coverage.

*It can take **up to 48 hours** to process this request or longer if everything is not satisfactory.

Name: _____ Student ID#: _____

Current Address: _____
(City) (State) (Zip Code)

Phone #: _____ Email: _____

Insurance Company: _____ Coverage Dates: _____
(Please attach proof of coverage for the entire semester)

Semester you wish to register for: _____

I understand that I must:

- Have a valid I-20 and Passport in order to register for classes.
- Enroll and complete a minimum of 12 credit hours per semester towards my program of study (Spring/Summer optional). Of the 12 credit hours, only one 3 credit hour *online class* is permitted.
- Submit the required proof of medical insurance coverage with evacuation and repatriation benefits.
- Not drop below 12 credit hours without prior approval from the Admissions Office.

***If you are still unable to register after 48 hours please come by the Admissions Counter to address any issues.**

SIGNATURE: _____ DATE: _____

****COMPLETED BY WCC STAFF:**

Ins Exp: _____ I20 Exp: _____ Passport Exp: _____ Grades: _____ Program: _____ Reg: _____

❖ You are **NOT ELIGIBLE** to register for the following checked reason(s):

___ We need copies of your Passport / Visa / I-94 / Form I-20 and for any dependent(s)

___ Proof of insurance is unacceptable. Reason: _____

___ Form I-20 is not valid through the next semester. You must complete a Request for I-20 Extension Form.

___ Passport is not valid through the semester. Please provide a copy of your passport extension.

___ Other: _____

BANNER ADDRESS _____ SEVIS ADDRESS _____ FH HOLD DONE _____