



Office of Admission: SC 203  
 PH: 734.973.3543  
 Hours: M-TH 8 AM—7 PM  
 Fri 8 AM—5 PM

**WCC F1 Visa Students Registration Request**

Students who have been issued a SEVIS Form I20 from WCC are required to submit proof of their medical insurance with coverage dates including medical evacuation and repatriation benefits each semester. 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. Please submit this completed form to admissions@wccnet.edu.

\*Please allow us up to 48 hours to process this request or longer if everything is not satisfactory.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Apt#) (City) (State) (Zip Code)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Coverage Dates: \_\_\_\_\_  
(Please provide proof of coverage for the entire semester)

Semester you wish to register for: \_\_\_\_\_

I understand that I must:

- \_\_\_\_\_ Submit the required proof of medical insurance coverage with evacuation and repatriation benefits.
- \_\_\_\_\_ Have a valid I-20 and Passport in order to register for classes.
- \_\_\_\_\_ Not drop below 12 credit hours without prior approval from the Admissions Office.
- \_\_\_\_\_ 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.

**\*If you are still unable to register after 48 hours please come by the Student Connection to address any issues.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>COMPLETED BY WCC STAFF:</b>				
Ins Exp: _____	I20 Exp: _____	Passport Exp: _____	Grades: _____	Program: _____ Reg: _____

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

- \_\_\_\_\_ Proof of insurance is unacceptable: \_\_\_\_\_
- \_\_\_\_\_ Passport is not valid through the semester. Please provide a copy of your passport extension.
- \_\_\_\_\_ Form I-20 is not valid through the next semester. You must complete a Request for I-20 Extension Form.
- \_\_\_\_\_ Other: \_\_\_\_\_

BANNER ADDRESS \_\_\_\_\_ SEVIS ADDRESS \_\_\_\_\_ FH HOLD DONE \_\_\_\_\_