

All students studying in the United States on an F1 student visa require permission from their current institution's SEVIS advisor prior to studying as a guest student at WCC.

A permission letter is required each semester the student wishes to take classes at WCC as a guest F1 student.

### Section A—Completed by student

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Local Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Semester of attendance at WCC (check one) :

Fall (August-December)

Winter (January-May)

Spring/Summer (May-August)

Year: \_\_\_\_\_

Area of study at WCC (check one) :

Business & Computer Technologies

Humanities, Social & Behavioral Science

Health Science

Mathematics, Science & Engineering Technologies

I authorize the information requested below to be released to Washtenaw Community College

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ WCC ID # @ \_\_\_\_\_

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### Section B—Completed by International Advisor

Please complete Section B and submit to [studrec@wccnet.edu](mailto:studrec@wccnet.edu). We will **not** accept this form from the student.

The above student has requested to take a class at WCC as a guest student while their SEVIS record is maintained by your institution.

I certify that the aforementioned student is currently in valid F1 immigration status:

Yes      No

Institution: \_\_\_\_\_

DSO Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

By signing, I grant the aforementioned student permission to attend Washtenaw Community College as an F1 guest student.

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

WCC Office Use Only:

Passport: \_\_\_\_\_ Visa: \_\_\_\_\_ I 94: \_\_\_\_\_ Current Form I20: \_\_\_\_\_ SGASTDN: \_\_\_\_\_ FH Hold: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_