

Online Course Physical Presence Verification Form

According to U.S. government regulations, international undergraduate students must enroll in a minimum of 12 credits and graduate students a minimum of 9 credits. Furthermore, the regulations state that no more than 3 credits of online or distance education coursework may count towards the "full course of study" requirement - e.g. If registered for only 12 credits, no more than 3 can be online, in other words undergraduate students must register for at least 9 in class credits and graduate students for 6 in class credits each term.

8 C.F.R. § 214.2(f)(6)(i)(G) states:

For F-1 students enrolled in classes for credit or classroom hours, no more than the equivalent of one class or three credits per session, term, semester, trimester, or quarter may be counted if taken on-line or through distance education in a course that does not require the student's physical attendance for classes, examination or other purposes integral to completion of the class.

International students who are enrolled in more than 3 credits of online or distance courses as part of their full course of study are required to document that they have made arrangements with their course instructor to ensure physical attendance in order to maintain their immigration status.

AGREEMENT:

The **Student** _____ and the **Instructor** _____
Print Name of Student Print name of Instructor

are responsible for adjusting the nature of the course so that it includes specified physical attendance.

Course Title: _____ **CRN#:** _____ **Credits:** _____ **Term:** _____

Below, please list the learning activities, date, duration, and location of the meeting that the Student and Instructor will engage in together to fulfill the physical attendance requirement (such as meetings, exams and/or other activities on campus).

Instructor please date and initial here once each meeting is completed.

Activity: _____ Date: _____ Duration: _____
 _____ Location of Meeting: _____

Activity: _____ Date: _____ Duration: _____
 _____ Location of Meeting: _____

Activity: _____ Date: _____ Duration: _____
 _____ Location of Meeting: _____

If more description is needed, please use the reverse side of this paper form once it is printed.

Student Signature: _____ E-mail: _____ Date: _____

Instructor Signature: _____ E-mail: _____ Date: _____

RETURN FORM TO OIED OFFICE AT END OF TERM AFTER ALL MEETINGS ARE COMPLETED