

CERTIFICATE OF ENROLLMENT/ATTENDANCE

Student: First Name

Last Name

Email Address:

Illinois Tech ID Number:

Field of study at Illinois Tech:

Type of program: Undergraduate Exchange

Undergraduate Visiting

Semester of enrollment (Check one of the following): ☐ Fall ☐ Spring ☐ Summer semester

Dates of enrollment:

Sending institution:

Receiving institution: **Illinois Institute of Technology, Chicago, IL, USA**Address of institution: **10 West 35th Street, 19th Floor, Chicago, IL 60616, USA****For the Illinois Tech academic adviser:**

The signature of the Illinois Tech academic adviser only confirms that the student registered in full-time status for the duration of his/her studies at Illinois Tech

☐ Fall 20 ☐ Spring 20 ☐ Summer 20 semester

Signature of Illinois Tech academic adviser:

Name of academic adviser:

Email address:

Date:

Approval of the sending institution:

Name:

Signature of the designated authority for such matters at the sending institution:

Date: