



Statement of Understanding

Name:

Program:

SEVIS ID:

I, (please print your name here) _____, have read and understand all that is set forth in the below. I commit myself to comply with class attendance policy stipulated in the school catalog and/or SEVIS regulations:

As an enrolled student of Rochester University, I understand that my regular class attendance is crucial to maintain my grade and my I-20/Visa according to SEVIS regulations.

By registering in this quarter, I understand that, in order to maintain my full-time F-1 student status, I should take at least three classes and I should not miss classes three weeks in a row.

In the event that I am unable to come to class, I will call in and let the administrator of school know, in advance where possible.

If I make unexcused absences three weeks in a row and failed to submit proof of my illness or emergency, I understand that my repeated absences will result in the notice. Once I receive final notice, my enrollment will be terminated in the university.

Signature of Student: _____

Date: ____/____/____

Current Quarter and Year: ____/____