

**Acknowledgement of Responsibility
For
Maintenance of Lawful Immigration Status
And
Maintenance of Medical Insurance Coverage**

Immigration Status: Federal regulations require all international students to maintain an appropriate and lawful immigration status while in the United States.

Role of the Designated School Official (DSO): The role or purpose of the DSO in relation to regulations of the United States Citizenship and Immigration Services (USCIS) to its best abilities is to provide you with immigration advising, counseling, and assistance so that YOU can maintain your lawful immigration status.

Maintain F-1 Status. To maintain F-1 status students must: (1) maintain full-time course of study (2) not engage in employment without proper authorization (3) follow guidelines for properly transferring schools, changing levels/program of study, and extending stay.

Responsibility for Compliance with Federal Laws and Regulations, and Maintenance of Lawful Immigration Status: You are solely responsible for (1) fully and properly complying with all laws and regulations of the United States Government; including those of USCIS (2) maintaining your lawful status; and (3) ensuring that any necessary documents are forwarded to the USCIS in a timely manner. The DSO will not be liable to you for any difficulties you may experience as a result of any failure to maintain an appropriate and lawful immigration status.

Medical Insurance Coverage: The USCIS requires that you have appropriate medical insurance while you are a student at William Woods University. Without adequate medical insurance, health care in the United States can be very expensive! You are responsible for obtaining and maintaining medical insurance.

Verification of Understanding and Receipt of Documents: By my signature below, I verify that I have read this document, understand its contents, and have received and read a copy of the following document:

Immigration Rights and Responsibilities of Students in F-1 Status

Since it is my responsibility to maintain my lawful immigration status and obtain appropriate medical insurance, I hereby release and hold exempt the DSO from any claim which could result from failure to maintain appropriate and lawful immigration status/appropriate medical insurance.

Student Name (Printed): _____

Student Signature: _____ Date: _____

**PLEASE SIGN THIS DOCUMENT AND RETURN IT TO THE REGISTRAR'S OFFICE
WHEN YOU CHECK-IN UPON YOUR ARRIVAL TO CAMPUS.**