Concurrent Enrollment Form

This form must be completed by the DSO at the other school and the academic advisor at CSP and returned to ISS before the drop/add period ends after the first day of class. Failure to do so could result in information being sent to SEVIS that you are not enrolled full-time, which is a violation of immigration regulations for students in F-1 status.

Section A. Completed by the student:
First Name _________________________ Last Name ________________________________________
L# _______________________ Academic Level (circle) undergraduate graduate
Name of school you are requesting to take a course at: __________________________________

Please read each statement below carefully. Then initial and sign below. In doing so you are agreeing to each statement and the responsibility to comply.

_______ I am required by federal immigration law to register for either 12 credit hours if an undergraduate student, or 6 credit hours as a graduate student. Note: 9 credit minimum for SACM students.

_______ I am demonstrating that between my registration at Concordia University and my registration at the second school listed above, that I meet the full-time enrollment requirement.

_______ I understand that to change my registration or drop a class at either Concordia University or the second school listed above, I must first receive written approval from ISS at the school listed above AND Concordia University. I understand that if I fail to obtain authorizations from both schools, my SEVIS record may fall out of status and will be in violation of immigration regulations.

Student signature: ______________________________ Date: ____________________________

Section B. Completed by the Academic/Faculty Advisor at Concordia:

I have met with this student and determined that permission is granted to enroll in course(s) at another institution. I have confirmed that the ___________________________will count towards student’s degree completion at Concordia University.

Advisor signature: ______________________________ Date: ____________________________
Section C. Completed by an ISS Advisor

Number of credit hours for which this Student is Registered at your institution: ____________

Name of course: __________________________

Starting and Ending Dates of Enrollment at your school: ________________

Name of Institution: ______________________________

Advisor signature: ___________________________ Date: ________________________

Section D. Completed by an ISS Advisor at Concordia University

Student granted permission for concurrent enrollment for (circle one): fall spring and is to be considered enrolled fulltime as long as the conditions outlined on this form are met.

ISS Advisor signature: ___________________________ Date: ________________________