

International Student Request for Concurrent Enrollment

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| **STUDENT: PLEASE READ CAREFULLY THE INSTRUCTIONS ATTACHED TO THIS FORM** | | |
| ***A. To be completed by student:***  **Last Name**: **First Name SEVIS # Student ID# E-Mail**: **Phone # Degree Level** (check one): Bachelor ⬜ Master ⬜ Doctorate ⬜ Non-Degree ⬜ **Name of institution you wish to attend**: | | |
|  | **TERM YOU WISH TO ATTEND OTHER SCHOOL**:  Winter ⬜ Spring ⬜ Summer ⬜ Fall ⬜ | **ACADEMIC YEAR**:  20 |
| Please complete the following formula regarding the requested semester of concurrent enrollment:  hours at the above-mentioned college/university  hours at the Covenant University  total enrollment hours (add two above numbers) (*51% of this total must be Covenant University coursework.)*  *I agree to abide by the terms of concurrent enrollment. Should permission be granted for concurrent enrollment, the permission is only for the quarters indicated above. I understand that I must provide two final transcripts (one to my academic advisor and the other to the International Division) upon completion of my course(s) as soon as it becomes available, and that I must successfully complete 12 credits each semester (excluding summer) to maintain my F-1 status. Failure to comply with this agreement might jeopardize my immigration status and future concurrent enrollments.*  Student Signature: Date: | | |
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***D. International Division Decision:***

***B. Student should return this form to the Main Office***

Approved:

Denied:

Reason for Denial:

DSO Signature:

Date: