

UNIVERSITY OF INDIANAPOLIS
International Student Request for Concurrent Enrollment

STUDENT: PLEASE READ CAREFULLY THE INSTRUCTIONS ATTACHED TO THIS FORM

A. To be completed by student:

Family Name _____ Given Name _____

Degree Level (circle one): **Bachelor** **Master** **Doctorate** **Non-Degree**

Name of institution you want to attend: _____

TERM YOU WISH TO ATTEND OTHER SCHOOL: _____ Fall _____ Semester II Year _____

Please complete the following formula regarding the requested semester of concurrent enrollment:

_____ hours at the above-mentioned college/university
+ _____ hours at the University of Indianapolis
= _____ total enrollment hours

(51% of this total must be U of I coursework.)

Example
_____ 6 hours at XYZ School
+ _____ 9 hours at U of I
= _____ 15 total enrollment hours
<i>60% courses done at U of I</i>

I agree to abide by the terms of concurrent enrollment. Should permission be granted for concurrent enrollment, the permission is only for the semester 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: _____

B. To be completed by Key Academic or Major Advisor (skip if taking English language training courses):

I confirm that the student has discussed with me the necessary procedure for transfer credit on courses taken at other institutions, have approved the student to take the number of transfer credit hours noted in Section A, and will note the appropriate equivalencies once I receive a final transcript as soon as it becomes available.

Advisor Name (please print): _____

Advisor Signature: _____ Date: _____

C. Student should return this form to the International Division, 211 Schwitzer Center

D. International Division Decision:

Approved: _____ Denied: _____ Reason for Denial: _____

DSO Signature: _____ Date: _____

Date entered into SEVIS: _____

White copy—International Division

Yellow copy—Academic Advisor

Pink copy—Student