

## International Student & Scholar Services

website augsburg.edu/iss *email iss@augsbu.edu*

phone 612-330-1659 *campus box 68*

location Oyaté Commons, Christensen Center



# Concurrent Enrollment Form

An F-1 student can be enrolled in another SEVIS-approved institution while studying at Augsburg University. The enrollment in both schools must amount to a full time course of study. It is the student's responsibility to complete this form and return it to the ISSS Office **before the drop/add period ends**. Failure to do so could result in a violation of immigration regulation and F-1 status.

Note: If dropping courses at either institution makes you below a full-time course load (**Undergraduate: 12 credits/semester; Graduate: 6 credits/semester**), you will need to be authorized for a reduced course load. **Do not drop any courses** until you talk to an ISSS advisor at Augsburg University.

## Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Augsburg ID \_\_\_\_\_

Major \_\_\_\_\_ Program Level: Bachelors \_\_\_\_\_ Masters \_\_\_\_\_

Semester & Year of Concurrent Enrollment Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

Name of the Other Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Total credits being taken at Augsburg \_\_\_\_\_ Credits of online courses at Augsburg \_\_\_\_\_

Total credits being taken at the other institution \_\_\_\_\_ Credits of online courses at other Institution \_\_\_\_\_

*By signing and dating below, I hereby agree and understand that it is my responsibility to maintain full course of study. If there are any changes in my enrollment, I will contact with Augsburg ISSS Office immediately.*

Student signature \_\_\_\_\_ Date \_\_\_\_\_

## Academic Advisor at Augsburg University

*By signing below, student has been granted permission to enroll in course(s) at another institution. I have confirmed that course(s) will count towards student's degree completion at Augsburg University.*

Advisor signature \_\_\_\_\_ Date \_\_\_\_\_

## International Student Advisor at Other Institution

Student has been registered \_\_\_\_\_ credit hours this term in my institution. Please attach a printed copy of specific courses and credit hours per course to this form.

Start and End Dates of Enrollment \_\_\_\_\_ through \_\_\_\_\_

Name of Institution \_\_\_\_\_

Advisor (DSO) Name \_\_\_\_\_

*By signing below, the Designated School Official has knowledge of Augsburg F-1 student's concurrent enrollment at your institution.*

Advisor (DSO) signature \_\_\_\_\_ Date \_\_\_\_\_

## International Student Advisor at Augsburg University

*Student granted permission for concurrent enrollment for the \_\_\_\_\_ term and is to be considered enrolled full-time as long as the conditions outlined on this form are met.*

ISSS Advisor signature \_\_\_\_\_ Date \_\_\_\_\_