

CONCURRENT ENROLLMENT PERMISSION REQUEST FORM

This completed form confirms that the below student is currently enrolled at the University of Oklahoma Health Sciences Center, and intends to remain at the University of Oklahoma Health Sciences Center. The student wishes to take _____ credit hours at your institution during the next available session. Our office will continue to manage the student's record, and respond to USCIS and ICE on behalf of this student.

If you require additional information regarding this student, contact the OUHSC Office of Admissions and Records at the number below.

PDSO/DSO signature

Date

Your request will not be processed if you have a hold on your OUHSC bursar's account. Fill out this form completely.

Student name _____ **M/F**
(Last Name) (First Name) (Circle One)

HSC ID _____ **Phone** _____ **Email Address** _____

US Address _____
Street Apt. # City State Postal Code

Foreign Address _____
Street Apt. # City State Country Postal Code

Degree Level _____ **Major** _____

Permission to concurrently enroll for () Fall () Spring () Summer () Inter. Year _____
Number of hours enrolled for the above semester at OUHSC _____

I wish to enroll in _____ **hours at** _____
Name of College

Course is online? Y/N _____

I will provide an official copy of my transcript from the other school to OUHSC International Student Advisors **no later than 30 days after completion of my concurrently enrolled class(es)**. I understand that failure to provide an official transcript copy to OUHSC ISS may result in a loss of my immigration status. If the credit does not or cannot transfer to OUHSC to count toward my degree program, it will not count toward my full-time enrollment requirement and I may lose my immigration status.

Student signature

Date

Office Use Only: SEVIS ID _____
Hours Currently Enrolled _____ Hours Enrolled Next Semester _____
Maintained Full-Time Status: Y/N Bursar Hold: Y/N
Updated 2/2008