

## Office of Admissions and Records International Student Services

## 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 (405) 271-2359.

| PDSO/DSO signature       |                     |                      | Date               |                    |                    |
|--------------------------|---------------------|----------------------|--------------------|--------------------|--------------------|
| Your request will not be | processed if you ha | we a hold on your OU | HSC Bursar's accou | unt. Fill out this | form completely.   |
| Student Name:            |                     |                      |                    |                    | M / F (circle one) |
| First Name               |                     | Middle Name Last N   |                    | Name               |                    |
| HSC ID:                  | Phone:              | E                    | mail Address:      | ail Address:       |                    |
| US Address:              |                     |                      |                    |                    |                    |
| Street Num               | ber                 | Apt. #               | City               | State              | Postal Code        |
| Foreign Address:         |                     |                      |                    |                    |                    |
| Street I                 | Number Apt. #       | # City               |                    | Country            | Postal Code        |
| Degree Level:            |                     | Major:               |                    |                    |                    |
| Permission to concurrent | ntly enroll for ( ) | Fall ( ) Spring ( )  | Summer ( ) Inte    | r-Session          | Year:              |
| Number of hours enroll   | ed for the above s  | emester at OUHSC:    |                    |                    |                    |
| I wish to enroll in      | hours at            |                      | Course is online?  |                    | line?              |
|                          |                     | Name of              | f School           |                    |                    |

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