

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