INTERNATIONAL STUDENT
CONCURRENT ENROLLMENT FORM
Application for permission to attend classes at an educational institution
other than the I-20 / DS2019 host school

TO BE COMPLETED BY STUDENT:

Name: ____________________________ (Family Name) ____________________________ (First Name)

ECU ID# ____________________________ Phone # ____________________________

Classification: ☐ Undergraduate ☐ Graduate ☐ Major: ____________________________

Request permission for concurrent enrollment:
Semester: ☐ Fall ☐ Spring ☐ Summer Year: ______

Immigration Status: (e.g. F-1, F-2, J-1, other): __________

Name of Concurrent College/University: ____________________________

Number of Credit hours enrolled at Concurrent College/University: ______

Number of Credit hours enrolled at East Central University: ______

- Please include a copy of all class schedules.
- I understand that in order to receive the Non-resident Tuition Waiver I am responsible for contacting the Director of the Enrollment Management Office in room 102A of the Administration Building to advise of my concurrent enrollment in two institutions and request an exception as I will not be enrolled a full 12 hours (undergrad) or 9 hours (graduate) with ECU only.
- Any withdrawals from a class must be reported to the ISPS Office.
- This form must be completed if ECU has issued and processed an I-20 to pursue a degree at the university.
- According to USCIS regulations, all F-1 students must complete a full-time course of study. According to USCIS regulations, all F-1 students must complete a full-time course of study. The Designated School Official (DSO) must receive verification of a full-time course of study when a student enters into concurrent enrollment.

Student’s Signature ____________________________ Date __________

TO BE COMPLETED BY ECU:

Minimum required credit hours per semester to meet full course of study: ______

Total hours of both Concurrent College/University and ECU: ____________________________

Student is: ☐ In Status with USCIS ☐ Out of Status with USCIS

Print Name of DSO- ECU ____________________________ Signature of DSO ____________________________ Date __________