

Concurrent Enrollment (For Park University F-1 Students)

❖ TO BE COMPLETED BY THE STUDENT ❖

Student Name: _____ Park ID: _____
Last/Family Name First/Given Name

Academic Department: _____ Undergraduate Graduate

Name of Host School: _____ Semester of Enrollment: _____

Park University Enrollment:

Course	Credit Hours
Total # of Park University Credit Hours:	

Host School Enrollment:

Course	Credit Hours
Total # of Credit Hours at Host School:	

★ **SACM** sponsored students are *required* to take classes that are offered at Park University. This includes classes that are offered in sequence for your degree plan as decided by your Student Success Advisor. ★

Student Verification

- I understand that it is my responsibility to:
 - Provide OIS with evidence of my registration in the course(s) at the Host School listed above.
 - Verify with Student Success at Park University that the credit I earn at the Host School will transfer-in.
 - Request an official transcript from the Host School be sent to the Registrar's Office at Park University.
- I understand that it is my responsibility to ensure I am enrolled full-time in accordance with federal F-1 visa regulations and Park University policy.
 - Combined undergraduate enrollment must equal a minimum of 12 credit hours; combined graduate enrollment must equal a minimum of 6 credit hours.
- I understand that if I drop or withdraw from the course(s) at the Host School, resulting in less-than-full-time enrollment, I will be in violation of my lawful F-1 status and my SEVIS Record will be **Terminated**.

Student Signature

Date (mm/dd/yyyy)

This form must be accompanied by a completed *Full-Time Equivalency (FTE) Form*.

❖ TO BE COMPLETED BY THE VISITING SCHOOL ADVISOR ❖

Printed Name of Host School Advisor

Signature of Host School Advisor

Date

Title of Host School Advisor

Email Address

Phone Number

❖ TO BE COMPLETED BY PARK UNIVERSITY'S ACADEMIC ADVISOR ❖

Printed Name

Signature

Date

This box for OIS staff use only

SEVIS ID: N00 _____

➤ Advising Assistant: initial and date the lines below

FTE Received: _____

Concurrent Enrollment Request *Complete* & Forwarded to DSO: _____

Request Approved? Yes No DSO Initials & Date: _____

If **NO**, please explain: _____

➤ Take this form, *FTE*, and supporting documentation to Scanning when completed

Date Stamp and Initial in the box below