



SMU

International Student & Scholar Services Office (ISSS)

REQUEST FOR CONCURRENT ENROLLMENT

Student name: _____

Today's date: _____

Student ID: _____

E-mail address: _____

Concurrent enrollment request:

Semester: _____ Fall _____ Spring Year: _____

Alternate school: _____

Total number of hours needed for full time status: _____

Where do you intend to complete your degree? SMU ___ Other school ___

Please read the following conditions of concurrent enrollment:

- It is not possible to alter your completion date due to a delay in your program caused by concurrent enrollment or academic problems.
- The majority of your classes must be taken at SMU.
- Campus employment is permitted only at SMU, not at the alternate school.
- The deadline to submit this form is the last day to add/drop classes at SMU.
- Classes taken at the alternate school under concurrent enrollment need to transfer back to your specific degree program at SMU.
- Graduate students may not take classes at a community college.
- Your registration at the other school (i.e. schedule) must be verified by an International Student Adviser by the day after the last day to add/drop classes.
- A copy of the official transcript for the course (s) taken at the alternate school must be submitted to an International Student Adviser upon completion.

Student Signature: _____ Date: _____

Classes to be taken at SMU:

COURSE TITLE	COURSE NUMBER	HOURS

Classes requested at the alternate school:

COURSE TITLE	COURSE NUMBER	HOURS

Academic Adviser Signature Acknowledging Validity of Course (s):

Graduate Students may only take classes at graduate level institutions.

Will the course or courses taken at the alternate school be transferred back to SMU?
Yes _____ No _____ Please explain the purpose of the concurrent enrollment:

Name: _____ Date: _____ Phone: _____
E-mail: _____ Signature: _____

International Student Adviser Authorization:

This section must be completed and this form used to document authorization for concurrent enrollment. This form will be required for enrollment at the alternate school.

Name: _____ Date: _____ Phone: _____
E-mail: _____ Signature: _____