



INTERNATIONAL PROGRAMS

COLORADO STATE UNIVERSITY

1024 Campus Delivery Fort Collins, CO 80523-1024 USA • (970) 491-5917 • international.colostate.edu

CONCURRENT ENROLLMENT FORM

An F-1 student may be enrolled in two different schools at one time as long as the combined enrollment amounts to a full-time course of study. This is referred to as “concurrent enrollment.” The concurrent enrollment provision requires the school from which the student will earn his or her degree or certificate to issue and maintain Form I-20, to handle all SEVIS and other reporting requirements, and to ensure that the student is pursuing a full course of study. On-campus employment can only be at the school listed on the I-20. Students are expected to take at least 6 credits at CSU.

Section A (to be completed by the student):

Student’s Name: _____ CSU ID Number: _____

Email Address: _____ Phone Number: _____

Semester in which the Concurrent Enrollment will take place: _____ Year: _____

My reasons for enrolling in another university in addition to CSU are: _____

Have you had concurrent enrollment before? Yes No If yes, please list semester(s): _____

List the names and credit hours for all the classes you intend to take at CSU and all the classes you intend to take at another university:

Colorado State University:	Name of other School: _____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information listed above is correct. I have attached copies of my course registration at CSU and my course registration at the other university. I will submit a transcript from the other university at the end of the semester showing that I completed the course(s) listed above. I understand that failure to do this will result in a hold being placed on my student account.

Student’s Signature: _____ Date: _____



INTERNATIONAL PROGRAMS

COLORADO STATE UNIVERSITY

1024 Campus Delivery Fort Collins, CO 80523-1024 USA • (970) 491-5917 • international.colostate.edu

ACADEMIC ADVISOR SIGNATURE

Section B (to be completed by the student's academic advisor at CSU):

I certify that the courses listed above are acceptable as part of the student's academic program.

Advisor Name: _____

Department: _____

Signature and Date: _____

Phone Number: _____

Section C (to be completed by international student advisor at CSU):

I approve this student's concurrent enrollment request.

Advisor Signature: _____

Date: _____

This form is only for the internal office use of CSU's International Student and Scholar Services.

If your other university requires proof of concurrent enrollment authorization before allowing you to enroll, please see an international student advisor at ISSS for a letter of authorization.

You will be emailed when your concurrent enrollment request is approved.