

Concurrent Enrollment Request For F-1 Visa Holders

F-1 students may be enrolled in two different SEVIS-approved schools at the same time to meet the full-time enrollment requirement, if the combined enrollment amounts to a full course of study. The concurrent enrollment provision is applicable only to students who will be registered less than full time at Hamline, and who are relying on enrollment at another school to meet the full course of study requirement. **Concurrent enrollment must be approved before the last day to drop/add classes at Hamline in order to maintain your F-1 status.**

Part A: To be completed by the Student

First Name _____ Last Name _____

Student ID# _____ Email _____

Academic Level _____ Major/Degree Title _____

Name of institution where you will be concurrently enrolled _____

Courses to be taken at other institution (name/# of credits) _____

Academic term for which concurrent enrollment applies _____

By signing below, I verify that I understand the following:

1. I am required to register full time each semester unless approved for a reduced course load. My enrollment at Hamline and at the institution listed above constitutes a full course of study.
2. In addition to the registration listed above, I will register for at least one course at Hamline (if registering full time at the other institution, you should transfer your SEVIS record to that institution)
3. Before changing my registration at Hamline or the institution listed above I will consult the IOCP office.
4. I have discussed the academic implications of concurrent enrollment with my academic department. If credits will be transferred back to Hamline, I understand that I must obtain approval in advance.
5. **If approved, I will provide proof of enrollment to the IOCP office within 3 days for the classes listed above.**

Signature _____ Date _____

Part B: To be completed by the Academic Department

I have discussed the academic implications of concurrent enrollment as requested above and make the following recommendation:

___ I recommend concurrent enrollment for the classes listed above

___ I do not recommend concurrent enrollment for the following reason: _____

Name _____ Department _____

Signature _____ Phone _____ Date _____

Part C: Approval of International & Off-Campus Programs Office

Signature _____ Date _____