



Concurrent Enrollment Form

This form must be completed by the DSO at the host school and returned to the International Office **before** the end of the second week of classes. Failure to do so could result in information being sent to SEVIS that you are not enrolled full-time, which is a violation of immigration regulations for students in F-1 and J-1 status.

To Be Completed by Student:

UM-Dearborn is my home institution UM-Dearborn is **not** my home institution

First Name: _____ Last Name: _____

UM ID #: _____ Email: _____

By signing this form, I indicate that I understand I am required by federal immigration law to register for either 12 credit hours if an undergraduate student, or 8 credit hours as a graduate student. By asking the international student adviser at my second school to complete this form, I am demonstrating that between my registration at the University of Michigan-Dearborn and my registration at the second school, I meet the full-time enrollment requirement. I understand that to change my registration or drop a class at either the University of Michigan-Dearborn or the second school, I must first receive written approval from the International Office at the University of Michigan-Dearborn; failure to do so will cause me to fall out of status and will be in violation of immigration regulations. Finally, I understand that I must present the International Office at the University of Michigan-Dearborn with a copy of my final transcript from the second school following the completion of the term in which I am concurrently enrolled.

Signature: _____ Date: _____

To Be Completed by the International Student Adviser at the host School:

Number of credit hours for which the student is registered (**please attach printout showing registration in specific courses and number of credit hours**): _____

Starting and Ending Dates of Enrollment: _____ through _____

Name of Institution: _____

Name of Adviser: _____ Title: _____

Signature: _____ Date: _____

To Be Completed by International Student Adviser at UM-D:

Student granted permission for concurrent enrollment on _____ and is to be considered enrolled full-time as long as the conditions outlined on this form are met.

Signature: _____ Date: _____