



Concurrent Enrollment Form

This form must be completed by the DSO at the other school and the academic advisor at NKU and returned to ISSS before the drop/add period ends after the first day of class. 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.

1. To be completed by student:

Last Name: _____ First Name: _____

NKU ID #: _____ Email: _____

By initialing each statement, I hereby agree and understand:

_____ I am required by federal immigration law to register for either 12 credit hours if an undergraduate student, or 9 credit hours as a graduate student.

_____ I am demonstrating that between my registration at Northern Kentucky University and my registration at the second school, I meet the full-time enrollment requirement.

_____ that to change my registration or drop a class at either Northern Kentucky University or the second school, I must first receive written approval from the ISSS at Northern Kentucky University; failure to do so will cause me to fall out of status and will be in violation of immigration regulations.

Student signature: _____ Date _____

2. To be completed by Academic Advisor or Academic Department at Northern Kentucky University:

Student granted permission to enroll in course(s) at another institution. I have confirmed that course(s) will count towards student's degree completion at the Northern Kentucky University.

Advisor signature: _____ Date _____

3. To be completed by International Student Advisor at Second School:

Number of credit hours for which Student is Registered (please attach print-out showing registration in specific courses and number of semester/credit hours): _____ Credit hours _____

Starting and Ending Dates of Enrollment: _____ through _____

Name of Institution: _____

Advisor signature: _____ Date _____

4. To be completed by International Student Advisor at ISSS, Northern Kentucky University:

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

ISSS Advisor signature: _____ Date _____