



International Student
Concurrent Enrollment Form

MSUM International Programs Office
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This form must be completed by the DSO at the other school and **returned to Greg Wymer or Janet Hohenstein before the end of the second week of classes.** Failure to do so will 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 status.

1. To be completed by student:

First Name: _____ Last Name: _____
Student ID: _____ Email: _____
Phone Number: _____

By signing this form, I indicate that I understand I am required by federal immigration law to register for either 12 semester hours if an undergraduate student, or 8 semester hours if a graduate student. Furthermore, I understand that only 3 credits of online courses can be counted towards my full time status. By asking the international student adviser at my second school to complete this form, I am demonstrating that, between my registration at the Minnesota State University, Moorhead 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 MSUM or the second school, I must first receive written approval from the Office of International Programs at MSUM; failure to do so will cause me to fall out of status and I will be in violation of USCIS regulations. Finally, I understand that I must present the Office of International Programs 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: _____
(Month/Day/Year)

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

Number of Semester Hours for which student is registered: _____
(Please attach printout showing registration in specific courses and number of semester/credit hours.)

Starting and Ending Dates of Enrollment: _____

Name of Institution: _____

Name of International Advisor: _____ Title: _____

Signature: _____ Date: _____
(Month/Day/Year)

3. To be completed by an International Student Advisor at MSUM:

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.

International Student Advisor: _____

Signature: _____ Date: _____