

## Office of International Education (OIE)

Jones Hall 2nd floor rm. 200

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**CONCURRENT ENROLLMENT VERIFICATION AND APPROVAL FORMS**

- Student must be enrolled in a full course of study (Undergrads: 12 hours; Grads: 9 hours)
- The student must enroll at TWU in at least 1 credit hour.
- No more than one (1) course or three (3) on-line credit hours may count towards full-time enrollment.
- The student must be enrolled in a degree program at TWU and be in good F-1/academic standing.
- The coursework at the other school must be accepted for fulfilling degree requirements at TWU Enrollment at another school is based on prior permission from OIE.

**SECTION A: TO BE COMPLETED BY STUDENT**

Family Name:		First Name			
ID #:	Email:			Phone:	
Local Address:					
Academic Level:			Major:		
Concurrent Enrollment for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20__					
Other Institution:					
TWU COURSE NAME	TWU COURSE NUMBER	CREDIT HOURS	OTHER INSTITUTION COURSE NAME	OTHER INSTITUTION COURSE NUMBER	CREDIT HOURS
		TOTAL:			TOTAL

I have reviewed and agree to comply with TWU OIE concurrent enrollment requirements, policies and procedures.  
I understand that failure to comply may jeopardize my immigration status.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY ACADEMIC ADVISOR OR DEPARTMENT CHAIR**

I confirm that the above coursework at the other school will be accepted for fulfilling degree requirements at TWU.

Advisor (please print): \_\_\_\_\_ Department: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C: TO BE COMPLETED BY INTERNATIONAL EDUCATION**

This is to certify that the student named above:

\_\_\_\_ is pre-registered OR registered for \_\_\_\_\_ credit hours at Texas Woman's University for the

Fall  Spring  Summer Semester 20\_\_

\_\_\_\_ Student is in good standing and has been pursuing a full course of study.

\_\_\_\_ Student's Form I-20 will be maintained by Texas Woman's University.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

OIE Signature: \_\_\_\_\_ Date: \_\_\_\_\_