This form must be completed by the DSO at the other school and the academic advisor at UST and returned to ISS 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: ___________________________

UST 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 6 credit hours as a graduate student.

_____ I am demonstrating that between my registration at the University of St. Thomas 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 the University of St. Thomas or the second school, I must first receive written approval from the ISS at the University of St. Thomas; 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 St. Thomas:

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 St. Thomas.

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 printout 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 ISS, St. Thomas:

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.

ISS Advisor signature: ___________________________ Date ______________