

University of La Verne

CONCURRENT ENROLLMENT REQUEST FORM

Student must have the Concurrent Enrollment Request Form completed and approved by the academic advisor prior to submitting it to OISE.

Completed by the student

Family Name: _____ First Name: _____

Student ID #: _____ SEVIS ID #: _____ Phone #: _____

Current Address: _____

La Verne Email: _____ Personal Email: _____

Completed by the student's Academic Advisor

The student must be enrolled in a degree program at La Verne and in good academic standing.

The student is engaged in the following academic program:

Degree: *Bachelors* *Masters* *Doctorate* Major: _____

Number of credits required for degree: _____ Credits accumulated to date: _____

Anticipated Completion Date: _____ Completion Date on Current I-20: _____

Semester/Term Requested: _____ **Year:** _____

Intended # of credits at La Verne: _____ Intended # of credits at other institution: _____

Name of other school/institution: _____

Course Name: _____ Course #: _____

This student is authorized for concurrent enrollment at another school/institution due to:

- A particular course is not available at La Verne
- Academic advisor recommends coursework at another institution
- Student will be enrolled in the equivalent of a full-course of study through the combined enrollment
- Student wishes to accelerate in their degree program by taking courses at another school/institution during their academic breaks (i.e. winter or summer breaks)

Academic Advisor: _____ Date: _____

Office of International Services and Engagement

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