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CONCURRENT ENROLLMENT FORM

You must submit two (2) documents to the OISS:

- A copy of your Registration form from the other school/institution
- This Concurrent Enrollment Form

A. To be completed by Student

FAMILY Name: _____ GIVEN Name: _____ Student ID# _____
SEVIS ID# _____ Phone# _____ E-mail: _____
U.S. Address: _____

Degree:

- ☐ B.S/B.A
- ☐ Master
- ☐ Doctorate

Major/Program of Study: _____

of Credits Accumulated to Date: _____
Anticipated Completion Date: _____ Completion Date on Current I-20: _____

B. To be completed by Academic Advisor

Semester/Term Requested: _____ Year: _____
Intended # of Credits @ La Verne: _____
Intended # of Credits @ Other School: _____
Name of other School/Institution: _____
Course Name: _____ Course # _____

This student meets all the following conditions to study at another college while enrolled at the La Verne:

- ✓ A particular course is not available at La Verne
- ✓ Academic advisor recommends coursework at another institution
- ✓ Student wishes to finish up some courses at another institution
- ✓ Student is enrolled in a degree program at La Verne
- ✓ Student will be enrolled in the equivalent of a full-course of study through the combined enrollment at the two institutions

I endorse and recommend Concurrent Enrollment for this student during the term/semester requested.

Academic Advisor (Print Name): _____ Date: _____

Signature: _____