

## Concurrent Enrollment for F-1 Students Application

Concurrent enrollment allows F-1 students to concurrently enroll at another SEVP approved school, provided that the number of credits taken at ECC exceeds the credits taken at the other school. Review the information at [www.elgin.edu/international](http://www.elgin.edu/international) for information on eligibility.

### Part 1: To be completed by the student

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Semester Requesting Concurrent Enrollment: \_\_\_\_\_

Number of credits at the other school: \_\_\_\_\_

### Required Documents

- ☐ Provide proof of registration at the other school.
- ☐ Enroll only in courses at your program level.
- ☐ Submit an official transcript upon completion of the course(s).

By signing this form, I indicate that I understand I am required to register for a minimum of 12 credits per semester. I understand that only 3 credits or one online course can be counted towards my full-time enrollment. By asking the DSO at my second school to complete this form, I am demonstrating that, between my registration at Elgin Community College and my registration at the second school, I meet the full-time and face-to-face enrollment requirements. I understand that to change my registration or drop a class at either ECC or the second school, I must first receive written approval from a DSO in the Center for Global Engagement, 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 Center for Global Engagement with a copy of my final transcript from the second school following the completion of the terms in which I am concurrently enrolled.

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

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### Part 2: To be completed a DSO at the school which you are concurrently enrolled

Start Date of Enrollment: \_\_\_\_\_ End date of Enrollment: \_\_\_\_\_

School's Name: \_\_\_\_\_

School's Address: \_\_\_\_\_

Name of DSO: \_\_\_\_\_ Title of DSO: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_