



# STANTON UNIVERSITY

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## International Student Request for Concurrent Enrollment

**Instruction:** Please complete this form and return this form to the Garden Grove Campus.  
You can also email this form to su@stantonuniversity.com

### A. To be completed by student:

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

SEVIS # \_\_\_\_\_ Student ID# \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone # \_\_\_\_\_

Degree Level (check one): Bachelor  Master  Doctorate  Non-Degree

Name of institution you wish to attend: \_\_\_\_\_

#### TERM YOU WISH TO ATTEND OTHER SCHOOL:

#### ACADEMIC YEAR:

Winter  Spring  Summer  Fall

20\_\_\_\_\_

Please complete the following formula regarding the requested semester of concurrent enrollment:

\_\_\_\_\_ hours at the above-mentioned college/university

\_\_\_\_\_ hours at the Stanton University

\_\_\_\_\_ total enrollment hours (add two above numbers)

*(51% of this total must be Stanton University coursework.)*

*I agree to abide by the terms of concurrent enrollment. Should permission be granted for concurrent enrollment, the permission is only for the quarters indicated above. I understand that I must provide two final transcripts (one to my academic advisor and the other to the International Division) upon completion of my course(s) as soon as it becomes available, and that I must successfully complete 12 credits each semester (excluding summer) to maintain my F-1 status. Failure to comply with this agreement might jeopardize my immigration status and future concurrent enrollments.*

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

### Office Use Only

#### D. International Division Decision:

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

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