



STANTON UNIVERSITY

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International Student Request for Concurrent Enrollment

Instruction: Please complete this form and return this form to the Main Office Campus.
You can also email this form to info@stanton.edu

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: _____