

CONCURRENT ENROLLMENT FORM

Application for permission to attend classes at an educational institution
other than the I-20 / DS2019 host school:

Name: _____
(Family Name) (First Name)

OPSU ID#: _____ Phone #: _____

Address: _____

Major: _____

Request permission for concurrent enrollment:

Semester: ()fall ()spring ()summer Year: _____

Number of hours enrolled at Oklahoma Panhandle State University: _____

Number of hours enrolled at Visiting School: _____

Name of Visiting School: _____

Student is: In Status with CIS Out of Status with CIS

→**Copies of class schedules must be submitted to the International Office to verify your immigration status.**

→**Any withdrawals from a class must be reported to the International Office.**

Student's Signature

Date

Signature of DSO – Oklahoma Panhandle State University

Date