## **Concurrent Enrollment**

Office of International Programs, 1908 Avenue J, Box 2150, Huntsville, TX 77341-2150

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## **Concurrent Enrollment Permission Form for International Students**

SamID: Last Name:		Date (mm/dd/yyyy):		
		First Name		
Major:				
Have you transfer	rred any credits from a 2-ye	ar college? Yes / No If yes how many?		
Are you within 30	hours of graduation? Yes	/ No		
Do you pl	you plan to concurrently er lan to take any Distance Ed C or the other school you ha	cation Courses* at SHSU? Yes / No		
*ATTENTION! F-1 I satisfy full time req		permitted to enroll in one distance education course each	semester in order to	
		course that is for the most part offered by electronic means ation, or other purposes integral to completion of the class of	· · · · · · · · · · · · · · · · · · ·	
	onsidering dropping courses in satisfy full time requirements i	this situation. You do not want to end up with more than on or any given semester.	e distance education	
School you wish		Other school (name and add	dress)	
Semester(s) you	u wish to concurrently er	roll: Other school course number and	d name:	
Fall 20	Spring 20	1)		
Summer I 20	Summer II 20	2)		
		3)		
Department Ap	proval			
Name:		Title:	Title:	
Signature:		Date:		