



Office of Global Initiatives  
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## Concurrent Enrollment Form

- An F-1 student can be enrolled in two different SEVIS approved schools at the same time, as long as the combined enrollment amounts to a full time course of study.
- The concurrent enrollment provision is applicable only to those who will be registered less than full time at LETU, and who are relying on enrollment at another school in order to meet the full course of study requirement. As long as the student is enrolled full-time at LETU, he or she does not need special permission to take additional courses at another school.
- **The form must be returned before the drop/add period ends at LeTourneau University.** Failure to do so could result in information being sent to SEVIS that you are not enrolled full-time, which is violation of immigration regulations for students in F-1 status.

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### Section 1: TO BE COMPLETED BY THE STUDENT

Name of Student: \_\_\_\_\_ LETU ID: \_\_\_\_\_  
Last First Middle

Major: \_\_\_\_\_ Degree Level (choose one):  Bachelor  Master's

Semester at LETU for Concurrent Enrollment (Choose One):  Fall  Spring Year: \_\_\_\_\_

Name of other School: \_\_\_\_\_

Number of credits you will take at LETU: \_\_\_\_\_ Number of credits you will take at other school: \_\_\_\_\_

Course Name/Number at other school	Semester Hours	LETU Course Equivalent
_____	_____	_____
_____	_____	_____
_____	_____	_____

- I understand and agree it is my responsibility to ensure I satisfy the appropriate prerequisites for the course(s) in which I plan to enroll and to ensure the course(s) transfer to LETU towards my degree.
- I agree to provide the LETU Office of International Studies with proof of my registration at the above school before the add/drop period ends at LETU.

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

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### Section 2: TO BE COMPLETED BY ACADEMIC ADVISOR

- I am aware of the circumstances above and recommend concurrent enrollment for the above-named student.

Comments: \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Department: \_\_\_\_\_

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### Section 3: TO BE COMPLETED BY OFFICE OF GLOBAL INITIATIVES

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_