



DUAL ENROLLMENT REQUEST FORM FOR INTERNATIONAL STUDENT

SECTION 1 *To be completed by the student*

- I understand that I am required by INA § 237(a)(1)(C)(i) to maintain my nonimmigrant status while in the United States, and that enrolling in a full course of study, unless otherwise permitted, is subsequently required. By engaging in dual enrollment, I understand that I must continue to make normal academic progress as stipulated by both Universities, and failure to do so will result in the termination of my SEVIS record.

Please include the following with your request.

Requests submitted without these documents are incomplete and will not be processed. Records submitted must be consistent with Part II of this form.

- Enrollment verification from participating institution
- Letter from your UD academic advisor indicating that you have permission for this enrollment and that the credits earned at the other school will be counted toward your UD degree. The letter must also indicate the number of credits to be taken at each school.

 Signature of applicant (listed below)

____/____/____
 Date

Last Name: _____

First Name: _____

UDID Number: _____

Current Visa Status: F1 J1 Other: _____

Current Institution or University: _____

SECTION 2 *To be completed by Participating Institution or University*

Current Level: _____ Credits to be taken in Dually Enrolled Semester: _____

On-line or distance credits to be taken in the Dually Enrolled Semester: _____

Name of School Official Authorizing the Dual Enrollment: _____

Contact number and/or email address of aforementioned official: _____

Affirmation of Official

- I authorize that the aforementioned student is enrolled with our University for the number of credits listed above. I authorize that at any time the student falls below the required number of credits, or if the student fails to maintain his or her immigration status, the University of Delaware International Student and Scholar Services will be notified immediately.

 Signature of official (named above)

____/____/____
 Date

SECTION 3 *To be completed by the University of Delaware Center for Global Programs & Services (CGPS) International Student & Scholar Services (ISSS)*

The above-mentioned student has been authorized for dual enrollment per the conditions stated below:

Authorization dates: ____/____/____ - ____/____/____

<i>Institution</i>	<i>Number of Credits</i>	<i>Number of Online or distance learning</i>
University of Delaware		

 Signature of official authorizing the Dual Enrollment

____/____/____
 Date