



OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS

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INTERNATIONAL STUDENT CONCURRENT ENROLLMENT FORM

This form must be completed by the international student adviser at the other school and **returned to OISS before the end of the second week of classes**. Failure to do so could result in information being sent to SEVIS that you are not enrolled full-time, which is a violation of immigration regulations for students in F-1 and J-1 status.

Note: You are expected to register for **at least 6 s.h. of courses at the University of Iowa**, unless special permission is granted by the OISS adviser.

1. To be completed by student:

First Name: _____ Last Name: _____

Student ID: _____ Email: _____

By signing this form, I indicate that I understand I am required by federal immigration law to register for either 12 s.h. if an undergraduate student, or 9 s.h. hours as a graduate student. By asking the international student adviser at my second school to complete this form, I am demonstrating that between my registration at the University of Iowa and my registration at the second school, I meet the full-time enrollment requirement. I understand that to change my registration or drop a class at either the University of Iowa or the second school, I must first receive written approval from the OISS at the University of Iowa; failure to do so will cause me to fall out of status and will be in violation of immigration regulations. Finally, I understand that credit from my registration at the second school must be transferred to the University of Iowa, and appear on my transcript after the semester is completed. OISS will verify that the credit has transferred after the semester ends; failure to transfer the credit could cause me to lose my immigration status.

Signature: _____ Date: _____

2. To be completed by International Student Adviser at Second School:

Number of Semester Hours for which Student is or will be Registered: _____

Starting and Ending Dates of Enrollment: _____ through _____

Name of Institution: _____

Name of Adviser: _____ Email: _____

Signature: _____ Date: _____

3. To be completed by International Student Adviser at OISS:

Student granted permission for concurrent enrollment on _____ and is to be considered enrolled full-time as long as the conditions outlined on this form are met.

Hours registered at UI: _____ Hours registered at other school: _____ Total hours for semester: _____

OISS Adviser: _____

Signature: _____ Date: _____