

## CONCURRENT ENROLLMENT REQUEST FORM

**NOTE:** Before you take a class at another academic institution, you must obtain authorization from our office by completing this petition. Approval is not automatic. Your request to take the course will be reviewed on a case-by-case basis. To request this authorization, you must meet the following requirements:

- You are an enrolled UCSD student, in good standing, for this quarter or will begin UCSD next quarter.
- You have consulted with your department/major advisor and determined that the requested class is either required to meet course requirements by your college or major, or is not available during the current quarter.
- Your registration at UCSD and the other academic institution will equal 12 or more units (full-time).

### SECTION 1: TO BE COMPLETED BY STUDENT

Name \_\_\_\_\_ UCSD PID# \_\_\_\_\_  
(LAST name, FIRST name)

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Quarter at UCSD for Concurrent Enrollment (choose one):  Fall  Winter  Spring  Summer Year \_\_\_\_\_

Name of Other School \_\_\_\_\_ Quarter/Year enrolling \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Number of units you will take at UCSD \_\_\_\_\_ Number of units you will take at other school \_\_\_\_\_

Requested course and course number at other school \_\_\_\_\_

Equivalent UCSD course and course number \_\_\_\_\_

Reason you are unable to take the course at UCSD \_\_\_\_\_

#### Student Certification (Required)

I agree to provide the International Students & Programs Office with proof of my registration at the above school and proof of my registration at UCSD before the first day of classes if I am using this course to maintain full-time status.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_

College/Academic/Faculty Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_ Department \_\_\_\_\_

### SECTION 3: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

Approved by \_\_\_\_\_ Date \_\_\_\_\_

(1/2017)