



Concurrent Enrollment Request Form

SECTION A. TO BE COMPLETED BY THE STUDENT:			
Family Name:	First Name:		
SEVIS Number:	Email:		
Major:	Department:		
NAU ID:	<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE		
I certify that I understand what constitutes full-time enrollment for my program. Between my registration at North American University and my registration at the second institution, I meet the full-time enrollment requirement as described in the <i>International Student Concurrent Enrollment Policy</i> . I will be registered for at least one credit at North American University. If I change my registration in any way at North American University or the second institution without prior approval from an international student advisor at North American University, I may lose my F-1 student status.			
Student Signature	Date		
SECTION B. TO BE COMPLETED BY ACADEMIC ADVISOR:			
<input type="checkbox"/> I am aware of the circumstances above and verify that the concurrent courses meet NAU degree requirements and that the courses will transfer to the specific degree program [the credit(s) will only be accepted by NAU if a grade of C or better in an undergraduate course or a grade of B or above in a graduate course].			
Concurrent Course Name and Number:			
Comments:			
Print Name and Title:		Department:	
College/Academic/Faculty Advisor Signature:			Date ____/____/____
SECTION C. TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR (North American University)			
This student may concurrently enroll during: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year			
This academic session begins on ____/____/____ and ends on ____/____/____			
By signing, I indicate that I have reviewed the student's request for concurrent enrollment and ensured that the student's course load between North American University registration and registration at the second institution constitutes full-time enrollment. I therefore approve the student's request for concurrent enrollment for the semester indicated in Section C of this form.			
International Student Advisor Name (Print):			
International Student Advisor Signature:			Date ____/____/____