Need permission letter? Yes No (letter will be emailed to you when completed)

UW Concurrent Enrollment Agreement

International Students, per USCIS regulations, are eligible to take up to three (3) credits toward full-time enrollment through distance education, either through UW or another school, each academic semester. Per USCIS regulations, correspondence classes (independent classes with no specific end date) will not count toward full-time enrollment. IEP students may take classes from UW ONLY.

The International Students & Scholars office requires that concurrent classes be approved and this agreement be signed and submitted prior to taking classes at any other institution. If classes are for full-time enrollment, all documentation must be submitted to ISS prior to dropping below full-time enrollment at UW.

I agree to and understan	d the following:		
UW. This form is for immig	ty to get ISS approval for any classes tha gration purposes ONLY and does not gua approved through my college or the Offi	rantee any acceptance of,	or transfer of, credit.
	ty to provide this form and proof of my eadline each semester, if these classes ar		•
of the Registrar. *If class is of the Registrar no more the course. Any exceptions for follow-up with the student UW Office of the Registra .	ty to provide an official transcript from a for full-time, it is my responsibility to man two (2) weeks after the end of the classes that complete beyond that date if a transcript is not submitted on time. If by the deadline, my SEVIS record may may require me to leave the US immediate.	provide the official trans . UW semester , to docume must be approved by ISS. <i>If an official transcript is the terminated for "failure terminated</i>	cript to the UW Office nt completion of the ISS is not obligated to so not submitted to the re to maintain full-
class might not be paid for necessary process with my	ty to meet all application and financial reby my scholarships and will be my responsible to pay found of the term. This does NOT excuse the official transcript.	onsibility to pay for the cla or classes may result in you	ss or complete any not being able to
Please give: semester, nam	ne of the school, class name, online or not	t online, and credit hours f	or each class:
By signing below, I agree t	o all requirements above. Please keep a	copy of this form for you	ır records!
Name	Signature	Date	W#
As the academic advisor for completion of the student'	or this student, I certify that the above co s program.	urse(es) will not delay or i	nterfere with
Advisor's Name	Advisor's Signature	Date	