UCI International Center Authorization for Concurrent Enrollment

This form is for students who wish to take additional courses at a second institution. You must be enrolled full-time (12 units minimum) at UCI to take classes at a different institution during the academic year. To enroll in a summer course at another institution, you must be either: (a) enrolled full-time for the following Fall quarter, or (b) if Summer is the final quarter – you must also be enrolled in Summer Session courses at UCI.

F-1 Students on OPT: You may enroll in incidental classes at another institution at part-time status during their OPT period.

You must fill out Sections 1 and 2 and then submit this form through the <u>Student Request Upload Tool</u>. The International Center will then fill out Section 3 and return this form to you for your records. Processing time is 5 business days.

SECTION 1: STUDENT PERSONAL INFORMATION			
TODAY'S DATE [MM/DD/YYYY]:		UCI STUDENT ID #:	
LAST NAME:		FIRST NAME:	
DATE OF BIRTH [MM/DD/YYYY]:		SEVIS NUMBER: N	
TELEPHONE:		EMAIL:	
MAJOR:		EXPECTED UCI GRADUATION DATE:	
CURRENT DEGREE LEVEL: BACHELORS MASTERS DOCTORATE			
SECTION 2: COURSE INFORMATION			
COURSE (A)		T	
Name of course:		Institution/school:	
Number of units:		Is this your last quarter at UCI?: ☐ Yes ☐ No	
Course start date:		Course end date:	
Which <u>UCI</u> term are you requesting concurrent enrollment: ☐ Fall ☐ Winter ☐ Spring ☐ Summer* * For Summer: If this is your final quarter/term, proof of UCI Summer Session enrollment is also required.			
COURSE (B) Name of course:		Institution/school:	
Number of units:		Is this your last quarter at UCI?: ☐ Yes ☐ No	
Course start date:		Course end date:	
Which <u>UCI</u> term are you requesting concurrent enrollment: ☐ Fall ☐ Winter ☐ Spring ☐ Summer*			
* For Summer: If this is your final quarter/term, proof of UCI Summer Session enrollment is also required.			
SECTION 3: COMPLETED BY UCI INTERNATIONAL CENTER			
The student above is in valid F-1 status at UC Irvine. The student is authorized to take classes at another institution.			
DSO NAME:	TITLE:	TITLE:	
TELEPHONE:	EMAIL	EMAIL:	
SIGNATURE:	DATE:	:	
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IC Office Use Only: Date Received: Advisor's Initials	s:	Ready for Pick-Up On: Revised On 7.7.2021	