



REQUEST FOR CONCURRENT ENROLLMENT FORM

STUDENT NAME: _____ I.D. #: _____

PROGRAM: _____ ADVISOR: _____

A. To Be Completed By Advisor:

Above named student will enroll in the following courses while attending AUSB:

College/University	Class Start Date	Course #	Course Title	Semester/Quarter

The above named student will register for _____ units at AUSB and _____ units at above named school for the _____ quarter. The above courses are transferrable to the degree program the student is attending at AUSB.

Advisor (Print Name)

Advisor's Signature

Date

B. AUSB International Student:

I agree to the above course of action for concurrent enrollment and will register for the specified courses as recommended by my Advisor. I understand that I cannot change any course(s) from this form without the approval of my Advisor. I understand that I must provide AUSB with a final transcript upon completion of my courses as soon as it becomes available and that I must successfully complete a full course of study each regular academic term to maintain my F-1 non-immigration status. Failure to comply with this agreement might jeopardize future concurrent enrollments.

Student's Signature*

Date

**Please note that an electronic signature is only valid when using an Antioch email account.*

C. Designated School Official: Approved Denied

DSO Signature

Date