



**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