Concurrent Enrollment

As an F-1 student, you may be enrolled in two different SEVP-approved schools at one time as long as the combined enrollment amounts to a full course of study.

Eligibility Requirements:
- You will be registered less than full-time at MSU, Mankato and are relying on enrollment at another school in order to meet the full-time course load requirement
- Your academic department at MSU, Mankato will accept the transfer credit for coursework completed at the second institution, if applicable.

A student who is granted concurrent enrollment must provide the KCISS with a copy of his/her registration at the second institution prior to the end of the drop/add period at MSU, Mankato. If the student is registered full-time at MSU, Mankato, he/she does not need special permission to take additional courses at another school.

How to Apply:
If you meet the requirements above, please complete **Section A** below and request the international office where you will attend to complete S**ection B**.

Section A – to be completed by student:

_____
Student Name   TECH ID   Telephone #

I certify that I understand what constitutes full-time enrollment for my program. Between my registration at MSU, Mankato and my registration at the second institution, I meet the full-time enrollment requirement as described above. I will be registered for at least one credit at MSU, Mankato. If I change my registration in any way at MSU, Mankato or the second institution without prior approval from the KCISS, I may lose my F-1 status.

_____
Student Signature

Section B- to be completed by the international student office at second institution:

I grant permission for this student to be concurrently enrolled at my institution and MSU, Mankato, as long as the conditions outlined on this form are met.

How many credits will the student register at your institution: _____

How many distance/online credits will the student register at your institution: _____

For which session are you approving concurrent enrollment?
☐ Fall   ☐ Spring   ☐ Summer   20_____   Academic session dates: _____

_____
Name of Institution

_____   _____
Advisor Name (Print)   Date

_____   _____
Advisor Signature   Email

_____   _____
KCISS signature/approval   Date