# Concurrent Enrollment Authorization

Please attach a copy of your registration from your other school. Also, be sure to provide us with a copy of your transcript from your other school at the end of the term. This will help us confirm that you are maintaining good visa status.

**Name**

**US Address**

**Phone Number Email Address**

**Term of Requested Concurrent Enrollment:**

**Primary Institution:** Southern Oregon University

**Number of credits you will take at SOU:**

**Secondary Institution:**

**Number of credits you will take at secondary institution:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to take the majority of my coursework at Southern Oregon University. I understand that as an undergraduate student I am required to take a combined minimum total of 12 credit hours of university level academic credit each term (9 per term for graduate students). I also understand that concurrent enrollment is only possible if I have been admitted for study at both my primary and secondary institution. I understand that all of my courses must be university level and will count towards the credits required to complete my degree program.

I also understand that I will need to provide proof each term of my full-time enrollment at both institutions to the International Student Advisor at Southern Oregon University to remain in good standing at Southern Oregon University.

**Student Signature**

*Date*