



Concurrent Enrollment Request (DC F-1)

International Admissions and Compliance

• Email: international@dallascollege.edu • Phone: 972.669.6400

• Web: <https://www.dallascollege.edu/admissions/international>

~Please be advised that your immigration status is *your* responsibility~

F-1 Student Information (PLEASE PRINT):

Last Name: _____ First Name: _____

Dallas College ID: _____ SEVIS ID: _____

Concurrent School (*ex. Texas A&M Commerce*): _____

Semester: _____ Course Number and Credit Hours (*ex. ENGL 2311 – 3 hrs.*): _____

Important Information:

- F-1 students are required to enroll in a **full course of study** during fall and spring semesters (12 credit hours minimum). At least 9 of all required hours must be taken at Dallas College. In your final semester, if you lack only one class to complete your degree, the course must be taken at Dallas College.
- Concurrent classes that are used to qualify a *full course of study* must be required for your degree. Verify with a Student Success Coach that the course you will enroll in is a degree requirement and is transferrable to Dallas College.
- **Please submit this form along with proof of enrollment at the concurrent school to a Dallas College DSO or to international@dallascollege.edu before the first day of the semester.**
- A restriction will be placed on your student account indicating that concurrent enrollment has been approved and that proof of completion is required.
- Upon completion of the course, you will be required to submit proof of completion before the restriction can be removed. Official transcripts will also need to be sent to Dallas College for official evaluation and course transfer. **NOTE: If you drop a course and fall below 12 credit hours total in a semester, including approved concurrent enrollment, you will be at risk of falling out of F1 status.**

By signing below, I acknowledge that I have read and understand the information above.

Student Signature: _____ Date: (MM/DD/YYYY) _____

Dallas College DSO Staff Only

Approved ☐ Denied ☐ Reason (if denied): _____

DSO Signature: _____ Date: (MM/DD/YYYY) _____