CONCURRENT ENROLLMENT AT UCSB AND ANOTHER SCHOOL

An international student can be enrolled in two different SEVIS-approved schools at the same time; this is known as “concurrent enrollment.”

REQUIREMENTS

- You are an enrolled student at UCSB, in good standing for the quarter of concurrent enrollment.
  - EXCEPTION: Enrollment at UCSB not required during Summer Session.
- You have consulted with and received approval from your department/college advisor and determined that the requested class is either required for your degree or will not interfere with the completion of all of your UCSB degree requirements.
- Your registration at UCSB is full-time (at least 12 units for undergraduates and at least 8 units for graduates).

APPLICATION PROCESS

1. Meet with your department/college advisor to determine that the class you plan to take can be used to fulfill UCSB course requirements.
2. If the class is not being taken for UCSB credit (such as a course being taken as a prerequisite for graduate school), your advisor should ensure that your enrollment will not have a negative impact on your current study or degree completion at UCSB.
3. Complete the Application for Concurrent Enrollment, and request that your advisor complete and sign Section 2
4. Submit your form to OISS for review and approval.

APPROVAL OF CONCURRENT ENROLLMENT

If and when your request is approved, you will receive a letter verifying that you are authorized for concurrent enrollment at the other institution for the class(es) that you submitting on your request form. The current processing time for concurrent enrollment requests is 5 business days.
APPLICATION FOR CONCURRENT ENROLLMENT AT OTHER ACADEMIC INSTITUTIONS

Before you take a class at another academic institution, you must obtain authorization from OISS by completing this application. Approval is not automatic. Your request to take the course will be reviewed on a case-by-case basis. To request this authorization, you must meet the following requirements:

- You are an enrolled UCSB student, in good standing, for this quarter or will begin UCSB next quarter.
- You have consulted with your department-major advisor and determined that the requested class is either required to meet course requirements by your college or major, or is not available during the current quarter.
- Your registration at UCSB must equal 12 or more units (full time).

After five working days, OISS will contact you to pick up your authorization letter.

**SECTION 1: TO BE COMPLETED BY STUDENT**

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<tr>
<th>Name: ____________________________</th>
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<tr>
<td>Family/Primary Name</td>
<td>First/Given Name</td>
<td>Middle Name</td>
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SEVIS ID: ____________________________ PERM #: ____________________________

Phone: ____________________________ Email: ____________________________

Level of Study: □ Doctorate □ Master □ Bachelor □ Non-Degree (EAP)

UCSB Quarter for Concurrent Enrollment: □ Fall □ Winter □ Spring Year: __________

Term (quarter, semester, etc.) and year you will enroll at other school (i.e. Spring 2019): __________

Number of units you will take at UCSB: _______ Number of units you will take at other school: _______

Name of Other School: ____________________________________________________________

Address: ____________________________________________________________

City: ____________________________ State: _______ Zip Code: __________

Requested course and course number at other school: ____________________________________________

Equivalent UCSB course and course number: ____________________________________________

Reason you are unable to take the course at UCSB: ____________________________________________

____________________________________________________________________________________

Student Certification (Required)

I agree to provide OISS with proof of my registration at the above school and proof of my registration at UCSB before the first day of classes.

Student Signature: ____________________________ Date: ____________________________

**SECTION 2: TO BE COMPLETED BY ACADEMIC ADVISOR**

I am aware of the circumstances above and recommend concurrent enrollment for the above-named student.

Comments: __________________________________________________________________________

Academic/Faculty Advisor Signature: ____________________________ Date: ____________________________

Print Name and Title: ____________________________ Department: ____________________________