

Concurrent Enrollment For Taking Courses at Another Institution

PART ONE: Completed by Student		
Name of Student:	T Number:	
		(name of institution)
or the(semester of concurrent enrollment) semester.		
0	roof of registration along with y	st register for class at UALR and the our request for concurrent enrollment.
Student Signature		Date
PART TWO: Academic Advisor's	s Recommendation	
Before taking a course outside UA UALR and/or fulfill a degree require		on whether or not the course will transfer to
Comments:		
Print Name	Advisor Signature	Email Address
International Student Advisor D	ecision	
Approved for(num	ber of) concurrent credits for th	ne requested semester at an SEVP certified
institution. I-20 updated annotated	for concurrent enrollment app	roval.
Student enrolled in (nu	mber of) credits at UALR to ma	aintain physical presence requirement.
Concurrent enrollment occurrin	g over non-required semester,	such as summer break.
Denial reason:		
Notes:		
International Student Advisor:		Date:

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