



UCI INTERNATIONAL CENTER
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AUTHORIZATION FOR CONCURRENT ENROLLMENT

This form is for student's who wish to take courses at another institution. You must be enrolled full-time (12 units) at UCI in order to take courses at a different institution.

Date: _____

Name: _____

Phone: _____ E-Mail: _____

Major: _____ Degree: _____

Student ID#: _____ Date of Birth (MM/DD/YY): _____

I request permission to take a course(s) at another educational institution: *

Institution/School Name:	
Course(s) Name and Course Number:	
Term:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____

***Contingent upon full-time enrollment (12 units) at the University of California, Irvine.**

Above named F-1/J-1 student is authorized to attend the above named school for the term/year indicated.

Name and Title of Designated School Official (DSO): _____

Signature of Designated School Official (DSO): _____

Phone: _____ Date: _____