

CONCURRENT ENROLLMENT APPROVAL FORM

International students attending Brookdale Community College who wish to dual enroll at another institution are required by the (USCIS) to maintain full-time enrollment between their attendance at BCC and the other institution. Full-time status is defined as a minimum of 12 credits for undergraduate students, of which at least six (6) must be taken at BCC.

In addition students are required to have the permission of their academic department/advisor at BCC and agree to provide the International Center (IC) with official copies of transcripts at the end of each semester enrolled at another institution. Your signature indicates that you are aware of the above guidelines for attendance and agree to provide transcripts to IC.

****Please Note: You must maintain at least half of your credits at BCC. If dropping courses at the other institution make you less than full time, then you will need to be authorized for underenrollment. You must maintain full time status between both institutions.**

Student Signature and Agreement:

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|------------------------------------|-------------------------------|--|---------------------------------|
| Student Name: | | BCC ID#: | |
| SEVIS ID #: N | Immigration Status: | Citizenship: | |
| Academic Major: | | Date of Birth (mm/dd/yyyy): | |
| Semester of Concurrent enrollment: | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer |
| Name of Other Institution: | | | Year: 20 |
| City: | | | |
| # of credits taken at BCC: | | # of credits taken at other institution: | |

I agree to maintain full-time attendance as require by the USCIS regulations and will enroll at BCC and the above mentioned institution as noted. If there are any changes in my enrollment, I will notify IC immediately.

Student Signature: _____ Date: _____
 Current Address: _____ Phone #: _____

BCC Counselor Approval

The above named student has the permission of this department to attend the above noted institution on a part-time basis and will be taking the number of credits noted.

Counselor Signature: _____ Date: _____
 Printed Name: _____ Phone: _____
 E-mail: _____

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|--|-------|
| Approved by IC: | Date: |
| Verified by host institution: | Date: |
| Number of credits at host institution: | |
| Host Institution: Upon receiving this form, please Fax it back to IC at: 732-224-2980 | |