DOMINICAN UNIVERSITY *of CALIFORNIA* 1890

Global Education Office (GEO)

CONCURRENT ENROLLMENT REQUEST FORM

50 Acacia Avenue
San Rafael, CA 94901
Tel: (415) 458-3767
Fax: (415) 257-0177
Email:
vstawiarski@dominican.edu

TO BE COMPLETED BY THE STUDENT

Name: _____ , _____ _____
(Please Print)   Last   First   Middle

Student ID: _____ **Phone:** _____ **Email:** _____

School you would like to attend: _____ Term /year attending: ☐ Fall ☐ Spring ☐ Summer

Year: _____

	Course Number	Course Title	Units
Proposed Courses at Another School			
Courses You plan to take at DUC			

I understand the following:

- Normal processing time is 5 days upon receipt of complete form.
- I understand that I am required to be enrolled in a full-time course of study (12 units for undergraduate and 9 units for graduate) in the Fall and Spring semester.

I agree to submit the following documentations by mail, fax or email:

- o Written evidence that you have successfully registered for course(s) at the other school. This can be a copy of your class schedule and **must be submitted within two weeks of the semester start**
- o After the semester ends, submit an unofficial copy of your transcript to GEO, indicating that you have completed the course(s) and maintained you full-time enrollment **before the first day of the following semester.**

- I will register for the specified courses as recommended by my academic advisor. I understand that I cannot change any course(s) from this form without the approval of my academic advisor.
- Failure to comply with this agreement might jeopardize future concurrent enrollments.

I state that the information I have supplied is true, and I understand that it is a violation of U.S. law to give false information to the University.

_____   _____
Student's Signature   Date

TO BE COMPLETED BY THE ACADEMIC ADVISOR

I confirm that the course(s) listed above is a major or general education required course(s) for the student's degree requirements or that the course(s) is a prerequisite to the student's academic progress and that the student will take the equivalent course(s) for the term indicated above.

_____
Academic Advisor's Signature   Title   Date

GEO USE ONLY

☐ Issue Document   ☐ Hold Document   ☐ Deny Document   DSO Initials: _____   Date: _____