V. TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR (Second Institution)

I grant permission for this student to be concurrently enrolled in my institution and Lamar University, as long as the conditions outlined on this form are met.

How many credits will the student carry at your institution? _____

For which academic session are you approving concurrent enrollment?

Fall Spring Summer 20____
YYYY

This academic session begins on ___/___/_____and ends on ___/___/_____
MM DD YYYY MM DD YYYY

_____
Name of Institution Institution's SEVIS School Code

_____
International Student Advisor Name (Print) Date

_____
International Student Advisor Signature Email

VI. TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR (Lamar University)

This student may concurrently enroll during: Fall Spring Summer 20____
YYYY

This academic session begins on ___/___/_____and ends on ___/___/_____
MM DD YYYY MM DD YYYY

By signing, I indicate that I have reviewed the request for concurrent enrollment and ensured that the -

time enrollment. I therefore approve the
in Section VI of this form.

_____
International Student Advisor Name (Print)

_____
International Student Advisor Signature **Date Approved**