DUAL ENROLLMENT REQUEST FORM FOR INTERNATIONAL STUDENTS

Part I To be completed by the student

☐ I understand that I am required by INA § 237(a)(1)(C)(i) to maintain my nonimmigrant status while in the United States, and that enrolling in a full course of study, unless otherwise permitted, is subsequently required. By engaging in dual enrollment, I understand that I must continue to make normal academic progress as stipulated by both Universities, and failure to do so will result in the termination of my SEVIS record.

_____________________________________________ ______/______/______
Signature of applicant (listed below) Date

Last Name: ________________________________ First Name: _____________________________________________
UDID Number: _____________________________ Current Visa Status: F1 J1 Other: _________
Current Institution or University: _____________________________________________

Part II To Be Completed by Participating Institution or University

Current Level: ______________________ Credits to be taken in Dually Enrolled Semester: _________________

On-line or distance credits to be taken in the Dually Enrolled Semester: __________________

Name of School Official Authorizing the Dual Enrollment: _____________________________________________
Contact number and/or email address of aforementioned official: _________________________________________

Affirmation of Official

☐ I authorize that the aforementioned student is enrolled with our University for the number of credits listed above. I authorize that at any time the student falls below the required number of credits, or if the student fails to maintain his or her immigration status, the University of Delaware Office for International Students and Scholars will be notified immediately.

_____________________________________________ ______/______/______
Signature of official (named above) Date

Part III To be completed by the University of Delaware Office for International Students and Scholars

The above mentioned student has been authorized for dual enrollment per the conditions stated below:

Authorization dates: ______/_______/_______ - ______/_______/_______

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number of Credits</th>
<th>Number of Online or distance learning</th>
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</thead>
<tbody>
<tr>
<td>University of Delaware</td>
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_____________________________________________ ______/______/______
Signature of official authorizing the Dual Enrollment Date