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>
</tr>
</thead>
<tbody>
<tr>
<td>University of Delaware</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_______________________________________________
Signature of official authorizing the Dual Enrollment  
Date   

☐ Ravi Ammigan, Director, PDSO/RO  
☐ Frances O’Brien, Coordinator for Immigration Services, DSO/ARO  
☐ Anne McCullin, Immigration Services Advisor, DSO/ARO  
☐ Brenda Foraker, Immigration Services Advisor, DSO/ARO  
☐ Janica Kriss, Immigration Services Advisor, DSO/ARO  

Please include the following with your request. Requests submitted without these documents are incomplete and will not be processed. Records submitted must be consistent with Part II of this form.

☐ Enrollment verification from participating institution
☐ I-20 form (if your I-20 was not issued by UD)
  • Also note that for UD students, a minimum of 51% of your credits must come from UD.
  • Only students who are matriculated into a program and hold an I-20 for that program are eligible for dual enrollment. Therefore, dismissed students are ineligible.