Concurrent Enrollment Form

To be completed by the Student:

Last Name: ___________________________  First Name: ___________________________
CCSU Student ID: _____________________  Phone #: _____________________________
Level of Education:  □ Bachelor’s   □ Master’s
Name of school you will attend: _____________________________________________
Their SEVIS School Code: _________________________________________________
Concurrent enrollment semester:  □ Spring   □ Fall
Number of credits enrolled in at concurrent school: __________________________
Number of credits enrolled in at CCSU: _________________________
Total credits: ___________________________
I have fully completed the above information and understand the regulations regarding this process
Student Signature: ___________________________  Date: _________________________

To be completed by the Student’s Academic Advisor:

I hereby certify that the below listed course(s) offered to the aforementioned student is directly related to the student’s major and student will receive credit for it towards their major.

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<tr>
<th>Course(s) Name</th>
<th>CCSU Course(s) Equivalency</th>
<th>Credits</th>
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____________________________  ___________________________  __________
Academic Advisor’s Name  Signature  Date

Note:
(1) You are required to take more than half of the required credits at CCSU
(2) Undergraduate credits hour must total 12 credits
(3) Graduate credit hours must total 9 credits