



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 full 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.

Course(s) Name	CCSU Course(s) Equivalency	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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