



International Student Services

SOUTHEASTERN OKLAHOMA STATE UNIVERSITY
425 W University Blvd
DURANT, OK 74701-0609

580-745-2184
Fax: 580-745-7502
iss@se.edu

Concurrent Student Authorization Form

Section A (to be completed by the student):

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

I understand that if I register for courses not approved herein, I assume the full risk of transferability. I also understand that this authorization form is only for the term specified below. I understand that the majority (51%) of enrolled coursework must be from the college/university indicated on my I-20. I understand failure to adhere to the requirements listed herein will jeopardize my F1 VISA status and will be reported to the United States Immigration & Customs Enforcement (ICE).

I plan to enroll in the courses listed below at Southeastern Oklahoma State University:

Table with 3 columns: Course Prefix, Hours, Course Title. Two rows of course information.

Term (check one term only): Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_
(year) (year) (year)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Section B (to be completed by University Personnel):

The above named student is in good standing at \_\_\_\_\_ and is hereby authorized to enroll at Southeastern Oklahoma State University in the course(s) specified above during the term indicated.

P/DSO Email Address: \_\_\_\_\_

P/DSO Phone Number: \_\_\_\_\_

(Printed Name of P/DSO)

(Signature of P/DSO)

(Date)