

**DUAL ENROLLMENT APPROVAL FORM**

International students attending Michigan State University who wish to dual enroll at another institution are required by the U. S. Citizenship and Immigration Services (USCIS) to maintain full-time enrollment between their attendance at MSU and the other institution. This is defined as a **minimum of 12 credits for undergraduate students of which at least six (6) credits must be taken at MSU. Graduate students must also take half of their full time credits at MSU.**

In addition, students are required to have the permission of their academic department/advisor at MSU. Your signature indicates that you are aware of the above guidelines for attendance and agree to provide transcripts to OISS, if asked.

**\*\*Please Note: You must maintain at least half of your credits at MSU. If dropping courses at the other institution makes you less than full time, then you will need to be authorized for underenrollment. You must maintain full time enrollment between both institutions.**

**Student Signature and Agreement**

Student Name:		PID:	
SEVIS ID:	Visa Status:	Citizenship:	
Academic Dept:		Date of Birth (mm/dd/yyyy):	
Program Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Master <input type="checkbox"/> PhD			
Semester of Dual Enrollment: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    Year			
Name of Other Institution:		City:	
# Of Credits being taken at MSU:		# Of Credits being taken at other institution:	

I agree to maintain full-time attendance as required by the U. S. Citizenship and Immigration Services (USCIS) regulations and will enroll at MSU and the above institution as noted. If there are any changes in my enrollment, I will notify the OISS immediately.

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

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Citizenship: \_\_\_\_\_

**MSU Academic Department Approval**

The above noted student has the permission of this department to attend another school on a part-time basis and will be taking the number of credits noted.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved by OISS:	Date:
Verified by host institution:	Date:
Number of credits at host institution:	<b>FAX TO: 517-355-4657</b>