



International Student Concurrent Enrollment Form
Southwestern Baptist Theological Seminary | Texas Baptist College

The purpose of this document is to indicate that the SWBTS student listed below is eligible for concurrent enrollment at an institution in addition to Southwestern Baptist Theological Seminary.

Student's Name: _____ SWBTS Student ID: _____
[Last, First and Middle (if applicable)]
Term [Semester|Year]: Fall | Winter | Spring | Summer of _____ Status: F-1 | F-2 (Circle One)

REGULATIONS FOR SWBTS F-1 STUDENT

- 1. Student is eligible to concurrently enroll in SEVIS-Approved schools ONLY.
- 2. Student has to complete a form for each school from which courses are offered.
- 3. Student is required to be in good academic and immigration standing at SWBTS.
- 4. Student is required to follow the guidelines of SEVIS, SWBTS, and the other school.
- 5. Student must enroll in full-time course work at SWBTS, i.e. 9 credits for master level students and 12 credits for bachelor level students during Fall and Spring semesters. The concurrent enrollment at the other institution is above the regular full-time requirements at SWBTS.
- 6. Students can only hold one set of I-20; if he/she wishes to take more than 50% of credits in another school, he/she should transfer to the other school for further education.
- 7. Summer Term ONLY: Student is not required to enroll during the summer term, but is eligible to enroll in part-time or full-time course work load. Student is expected to enroll full-time for the following Fall semester.

PROCEDURE

- 1. Discuss with your academic advisor the classes you would like to take at the other school.
- 2. Ask your academic advisor to complete and sign this form.
- 3. Submit the completed form to the Office of International Student Services.
- 4. Upon the completion of your course(s) and term, contact the SWBTS Registrar's Office for the procedures on transferring credits back to SWSBTS.

By my signature below, I acknowledge that I understand and agree to the concurrent enrollment requirements.

Student Signature: _____ Date: _____
[Month | Day | Year]

ACADEMIC ADVISOR'S RECOMMENDATION

Student would like to take classes at this school: _____

Student is approved to take the following courses: _____

Advisor's Name and Signature: _____ Date: _____

[Month | Day | Year]

SWBTS INTERNATIONAL STUDENT ADVISOR'S APPROVAL

Advisor's (PDSO/DSO) Name: _____ Phone: _____

Advisor's (PDSO/DSO) Signature: _____ E-mail: _____