

## CONCURRENT ENROLLMENT FORM

		To be o	completed by stud	<u>lent:</u>		
Fam	ily Name:		First N	Jame:		
BU Stu	dent ID#:		SEVIS	ID#:		
Street	t Address:					
	City		State	Zip Code	<u> </u>	
	Phone #:		Email:			
	Graduate: □	Undergraduate: $\Box$	Major:			
	Do you need a	letter of enrollment for yo	our additional ins	titution? Yes	$\Box$ No	
	If you need OI	SSS to complete a form fo	or the other institu	ution, please turn it in	with this form.	
		To be c	completed by Adv	isor:		
schools at the study. The ma	e same time (cor ajority of the co	Regulations allow an F-1 ncurrent enrollment) as lourse work must be taken a	ong as the enrolln at Bradley Univer	nent in both schools a		
Cred	it hours at Brad	ley for the term:				
Addi	tionally enrolled	l at (Institution Name):				_
Cred	it hours enroll a	t institution above:				
Will	the course trans	fer to Bradley and count	toward the stude	nt's program of study?	Yes	No
		, endo. bove for the student indic		end a concurrent enr	ollment registra	tion for the
UG Acade	emic Advisor or lator Signature:			Date:		
		(	Office Use Only:			
Si	(P)DSO ignature:		Date Pro	ocessed:		-
Co	mments.					