



OFFICE FOR INTERNATIONAL STUDENTS & SCHOLARS  
 PHONE: 302-831-2115 FAX:  
 302-831-2123 EMAIL: [oiss@udel.edu](mailto:oiss@udel.edu)  
[www.udel.edu/oiss](http://www.udel.edu/oiss)

## DUAL ENROLLMENT REQUEST FORM FOR INTERNATIONAL STUDENTS

**Part I** *To be completed by the student*

- I understand that I am required by INA § 237(a)(1)(C)(i) to maintain my nonimmigrant status while in the United States, and that enrolling in a full course of study, unless otherwise permitted, is subsequently required. By engaging in dual enrollment, I understand that I must continue to make normal academic progress as stipulated by both Universities, and failure to do so will result in the termination of my SEVIS record.

Please include the following with your request. *Requests submitted without these documents are incomplete and will not be processed. Records submitted must be consistent with Part II of this form.*

- Enrollment verification from participating institution  
 I-20 form (if your I-20 was not issued by UD)  
 • Also note that **for UD students**, a **minimum of 51%** of your credits must come from UD.  
 • Only students who are **matriculated into a program** and **hold an I-20** for that program are eligible for dual enrollment. Therefore, **dismissed students are ineligible.**

\_\_\_\_\_  
 Signature of applicant (listed below)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

UDID Number: \_\_\_\_\_

Current Visa Status:    F1        J1        Other: \_\_\_\_\_

Current Institution or University: \_\_\_\_\_

**Part II** *To Be Completed by Participating Institution or University*

Current Level: \_\_\_\_\_ Credits to be taken in Dually Enrolled Semester: \_\_\_\_\_

On-line or distance credits to be taken in the Dually Enrolled Semester: \_\_\_\_\_

Name of School Official Authorizing the Dual Enrollment: \_\_\_\_\_

Contact number and/or email address of aforementioned official: \_\_\_\_\_

*Affirmation of Official*

- I authorize that the aforementioned student is enrolled with our University for the number of credits listed above. I authorize that at any time the student falls below the required number of credits, or if the student fails to maintain his or her immigration status, the University of Delaware Office for International Students and Scholars will be notified immediately.

\_\_\_\_\_  
 Signature of official (named above)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

**Part III** *To be completed by the University of Delaware Office for International Students and Scholars*

The above mentioned student has been authorized for dual enrollment per the conditions stated below:

Authorization dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution	Number of Credits	Number of Online or distance learning
University of Delaware		

\_\_\_\_\_  
 Signature of official authorizing the Dual Enrollment

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date