# Request for Dual Enrollment, Distance Education &
# Online Courses for International Students

If enrolling at more than one institution other than K-State; use a separate form for each institution. The request form must be completed by you and the Registrar/Administrator at the other institution. Return the signed form to the ISSS. Provide a transcript from the other institution upon completion of the course. No more than the equivalent of one on-line/distance education class or 3 credits per session may count towards the "full course of study" requirement.

**Important:** If you are requesting approval for dual enrollment, distance education or on-line courses and it has not been granted by the deadline, you may be in violation of your legal status.

### Student Section: Print clearly.

| Family name: ___________________________ | Given name: ___________________________ |
| WID #: __________________ | Email: __________________ | Phone: __________________ |

Requesting approval for: Fall, 20___ Spring, 20___ Summer, 20___

(Approval for summer required only if your first or final semester is during summer)

**I request permission to count the following as part of my required full-time enrollment:**

Check one:
- Online or Distance Education course
- On-site course at another institution

| Name of the course: ___________________________ | Credit hour(s): ________ |
| Name of other Institution: ___________________________ |

**Second course** from the same school, if any

Check one:
- Online or Distance Education course
- On-site course at another institution

| Name of the course: ___________________________ | Credit hour(s): ________ |
| Name of other Institution: ___________________________ |

By signing this form, I acknowledge that I cannot drop these credits without prior approval from the ISSS at K-State and that I have read and understood all the requirements described above.

Student signature ___________________________ Date: _____________

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**Registrar or Administrator Section (from the other SEVIS approved institution)**

I verify that this student is officially enrolled in the course(s) listed above for ______ total credit hours.

| Signature: ___________________________ | SEVIS School Code: ___________________________ |
| Print Name: ___________________________ | Title: ___________________________ |
| Email: ___________________________ | Phone: ___________________________ | Date: ___________________________ |

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**Office Use:**

Approved by: ___________________________ Date: _____________