

UMKC Concurrent Enrollment Form

For F-1 and J-1 visiting student at UMKC

PERSONAL DATA	LAST NAME/FAMILY NAME		FIRST NAME	MIDDLE NAME																								
	LOCAL ADDRESS			TELEPHONE #																								
	UMKC ID# / SS #	SEVIS #		FIELD OF STUDY																								
	ACADEMIC UNIT AND LEVEL			EXPECTED GRADUATION DATE																								
	E-MAIL ADDRESS			VISA STATUS																								
GUEST ENROLLMENT PLAN	NAME OF HOME INSTITUTION																											
	DATES OF INTENDED ATTENDANCE																											
	FROM:		TO:																									
	During the dates listed above, I intend to register for the courses listed below:																											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">UMKC Course</th> <th style="width: 20%;">Cr. Hours</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>TOTAL # OF CREDIT HOURS</td> <td> </td> </tr> </tbody> </table>		UMKC Course	Cr. Hours									TOTAL # OF CREDIT HOURS		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Home Institution Course</th> <th style="width: 20%;">Cr. Hours</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td>TOTAL # OF CREDIT HOURS</td> <td> </td> </tr> </tbody> </table>		Home Institution Course	Cr. Hours									TOTAL # OF CREDIT HOURS	
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NOTE: Combined Undergraduate level enrollment must be minimum of 12 credit hours Combined Graduate level enrollment must be minimum of 9 Credit Hours																												
STUDENT SIGNATURE		DATE																										
ACADEMIC ADVISOR ENDORSEMENT	I hereby certify that, if satisfactorily completed, the courses listed above will be accepted																											
	(Name of Home Institution) for partially fulfilling the degree requirements for this student																											
	PRINTED NAME OF ACADEMIC ADVISOR FROM HOME INSTITUTION																											
SIGNATURE OF ACADEMIC ADVISOR			DATE																									
DESIGNATED SCHOOL OFFICIAL ENDORSEMENT	Permission to register at UMKC as a guest student during the																											
	_____ semester to take the courses listed above is granted.																											
	PRINTED NAME OF DESIGNATED SCHOOL OFFICIAL AT HOME INSTITUTION																											
DESIGNATED SCHOOL OFFICIAL SIGNATURE			DATE																									