

# Request for Concurrent Enrollment

FAMILY NAME:

FIRST/MIDDLE NAME:

## Part IV: International Advisor Certification

I certify that at the time of the signature, the student above is maintaining status with Southern Methodist University and is approved to take courses concurrently while retaining Form I-20. F-5, r\$C R+Drí@ Çq^3/4ÍÁÁÁiC H Žód%oC%9 HiWU)C H Žóc™