



University at Buffalo
The State University of New York

Eligibility Confirmation Form for Concurrent Enrollment by an F-1 Student

This form is required of all international students wishing to be enrolled at the University at Buffalo while concurrently enrolled at another SEVIS-approved school or on OPT under another SEVIS-approved school. Before your application for admission (with concurrent enrollment) to UB can be finalized and a student record created, please complete and return this form to the address / fax indicated below. The student needs to complete this form and give it to a Designated School Officer (International Student Advisor) to complete, sign and return to the University at Buffalo.

Please follow the instructions below:

1. Section 1 is to be completed by the student.
2. Section 2 is to be completed by a Designated School Official (DSO) at your current school.
3. Return the completed Concurrent Enrollment Form to the University at Buffalo. Please include copies of all immigration-related documents listed below:
 - a. Photocopy of the biographical page from your passport
 - b. Photocopy of your current US visa
 - c. Photocopy of the most recent, up-to-date I-20 (pages 1 and 3) issued by the school at which you are currently enrolled
 - d. Photocopies of any other immigration-related documents that are relevant

If you or your school's Designated School Official (DSO) has any questions about the concurrent enrollment process, please telephone the University at Buffalo Office of International Admissions at (716) 645-6121.



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Eligibility Confirmation Form for Concurrent Enrollment

SECTION 1: TO BE COMPLETED BY STUDENT

I authorize a DSO at my current school to complete Section 2 of this form and send it to the Office of International Admissions at the University at Buffalo.

Name (please print): _____									
Family Name	Given Names								
UB ID Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>									Date of Birth: __ __ / __ __ / __ __ __ __ M M D D Y Y Y Y
Name of Current School: _____									
Student Signature: _____	Date: _____								

SECTION 2: TO BE COMPLETED BY THE DESIGNATED SCHOOL OFFICIAL (DSO) FROM THE ABOVE-NAMED SCHOOL AT WHICH THE STUDENT IS CURRENTLY ENROLLED

Please check the appropriate boxes below, provide the information requested, and return this form to UB.

<input type="checkbox"/> The student named above: (1) is or will be enrolled in a full-time course of study, (2) is considered to be maintaining lawful F-1 status, and (3) the student's SEVIS record has <u>not</u> been cancelled, completed, terminated or transferred to another school already.	
<input type="checkbox"/> This student is eligible to be concurrently enrolled at the University at Buffalo and at the student's current school.	
<input type="checkbox"/> This student is eligible to be on OPT (on the SEVIS record maintained by the above-named current school) while enrolled concurrently for part-time incidental study at the University at Buffalo.	
<input type="checkbox"/> The DSO of the above-named current school will maintain the student's SEVIS record.	
<input type="checkbox"/> This student is in good academic standing at the above-named current school.	
<input type="checkbox"/> This student is dismissed or suspended from the above-named current school and/or has disciplinary actions against him/her.	
<input type="checkbox"/> This student is not eligible for concurrent enrollment at another school because:	
<input type="checkbox"/> Our school is not authorized to enroll international students in SEVIS.	
<hr/>	
DSO Signature: _____	E-Mail Address: _____
DSO Name (Please print): _____	Date: _____
Phone Number: _____	Fax Number: _____

Please return by email to: intadmit@buffalo.edu
University at Buffalo, International Admissions, 115 Capen Hall, Buffalo, NY 14260
Fax: (716) 645-3240 / Telephone: (716) 645-6121