

Texas Southern University
3100 Cleburne * Houston, Texas 77004
(713) 313-7011

INTERNATIONAL CONCURRENT PERMISSION FORM

Students must take last 30 hours at Texas Southern University

Permission is herewith requested for _____ ID#:T_____

to take the course listed below out-of-residence at (School Name) _____

Please check one: Fall Spring Summer I Summer II Year: 20_____

Please check one: Freshman Sophomore Junior Senior Graduate **Major Field of Study** _____

Student currently enrolled in ____ credit hours for the _____ semester/session at TSU.

Student will register in no more than ____ credit hours (total) for the semester or session indicated above.

Student has completed _____ credit hours toward this degree.

Did the student complete TSU's equivalent prerequisite requirements? Yes No

The course in which this student will be enrolled is: Online Class Face to Face Class

TSU COURSE NAME

OUT-OF-RESIDENCE COURSE NAME

Course Name: _____

Course Name: _____

Course # _____

Course # _____

Credit Hours _____

Credit Hours _____

The out-of-residence course begins on _____, 20____ and ends on _____, 20____

All request must be received 10 days prior to course begin date.

The special need(s) which require(s) this student to take the course out-of-residence is/are:

() Course not being offered before student graduates.

() Class is closed at TSU

() Other, please explain _____

By signing this form I understand and affirm the following: I may not take any more than a total of 18 credit hours in the fall or spring semester (21 with Dean's approval). I may not take any more than a total of 14 credit hours in the summer sessions (no more than 7 credit hours per session).

TSU will not accept credit hours beyond the maximum limit.

Note: This approval supersedes all prior approvals.

Student signature

Date: _____
Month Day Year

Approved: _____
Academic Advisor

Date: _____
Month Day Year

Approved: _____
Department Chair

Date: _____
Month Day Year

Approved: _____
Academic Dean

Date: _____
Month Day Year

Approved: _____
International Student Director

Date: _____
Month Day Year