

# CONCURRENT ENROLLMENT REQUEST FORM

Concurrent enrollment is a status for students currently enrolled in courses at Belmont University and seeking to take additional courses at another institution. Students must obtain approval from the Office of the Registrar each term prior to enrolling at a second institution. Students are held accountable for reviewing the concurrent enrollment policy which may be accessed in the current university catalog, <http://www.belmont.edu/catalog>. **Each section of this form must be completed and submitted to the Office of the Registrar (located in Freeman Hall, 1<sup>st</sup> floor next to Belmont Central) prior to registration.**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(First) (MI) (Last)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(Area code & number)

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Term/Year of Graduation \_\_\_\_\_

Degree: \_\_\_\_\_ Classification: (check) **Fr.** **So.** **Jr.** **Sr.**  
(BA, BS, BM, BBA, BFA, BSN, BSW)

How many credit hours have you earned at another college or university? \_\_\_\_\_  
Are the credits semester or quarter hours? \_\_\_\_\_

If so, what institutions? \_\_\_\_\_

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Please complete the following information as it pertains to the secondary institution. **Attach a separate sheet and list each proposed course including the title, number and description.**

Name of secondary institution: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Term to attend institution: (fall, spring, summer) \_\_\_\_\_ Year \_\_\_\_\_

Beginning class date: \_\_\_\_\_ Ending class date: \_\_\_\_\_

How many credit hours are you petitioning to take during the term?  
\_\_\_\_\_ (Belmont hrs.); \_\_\_\_\_ (Second institution hrs.); \_\_\_\_\_ (Total term credit hours)

Circle: (semester or quarter) credit hours

Give an explanation for this request. Continue on an attached sheet if needed.

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I have read the concurrent enrollment policy and the steps required to complete the process. I understand the provisions for this status and acknowledge it is my responsibility to inform my academic advisor and the Office of the Registrar of any changes if approved.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)