

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*