Office of International Student Programs and Services 4400 S M L King Jr Pkwy|117 Wimberly Building |Beaumont, TX 77705 | Phone: 409.880.8349

V. TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR (Second Institution)

long as	permission for this stud the conditions outlined the student ca	d on this form	n are met.	•	stitution and Lama	University, as
	emic session are you a					
	-					
Fall	Spring	Summe	r	20 YYYY		
This academic	session begins on MN	//	_and ends	on <u>/ /</u>		
	MN	I DD YYYY	ł	MM DD YY	ΥΥΥ	
Name of Institu	tion Institution's SEV	TS School C	Code			
International St	udent Advisor Name	(Print) Date				
International St	udent Advisor Signatu	ure Email				
VI. TO BE CO (Lamar Univer	OMPLETED BY THI rsity)	E INTERNA	ATIONA	L STUDENT A	DVISOR	
This student ma	ay concurrently enroll	during:	Fall	Spring	Summer	20
This academic	session begins on MM	// DD YYYY	_and ends	on <u>/ /</u> MM DD Y		YYYY
By signing, I in	dicate that I have revi	ewed the	rec	quest for concur	rent enrollment and	d ensured that the
time enrollment in Section VI of	t. I therefore approve f this form.	the				-
International S	Student Advisor Nan	ne (Print)				
International S	Student Advisor Sign	ature			Date Approved	