**Concurrent Course Enrolment Guidelines and Disclaimer**

Concurrent Course Enrolment means that you are enrolling simultaneously in more than one award course. Stanley College permits concurrent enrolment for its **International Students** based on the information outlined in these guidelines. As an international student, the regulations stipulate that each course you study must be CRICOS (Commonwealth Register of Institutions and Courses for Overseas Students) Registered.

Therefore, Stanley College permits concurrent enrolments provided that:

* The student maintains satisfactory academic progress, including attending/participating in all scheduled classes within Stanley College.
* Details of the concurrent enrolment are provided to our Student Services Team, including course name, commencement/completion dates, and institution information. This information must be submitted prior to commencement of the concurrent course.
* The student completes this Concurrent Course Enrolment Disclaimer.

Important note: These Guidelines are **not applicable** to students undertaking the Professional Year Program (PYP): Accounting, as a concurrent enrolment is **not** permitted. The SMIPA Program is considered a full time course and completing two courses of study simultaneously can devalue one or both courses.

**Concurrent Course Enrolment Disclaimer**

I ………………………………………………………………..…….. Confirm that I have a concurrent enrolment at the following institution:

|  |  |  |  |
| --- | --- | --- | --- |
| **Educational Institution** |  | **Course being Studied** |  |
| **Course Start Date** |  | **Course End Date** |  |

I declare that I am responsible for managing my own studies to ensure that I maintain ***satisfactory course progress***, in both course enrolments. I understand that I am responsible for ensuring that I meet the requirements of both Education Providers, as it relates to my course/s and enrolment. Furthermore, I understand that these Guidelines and Disclaimer are specific for Stanley College. I also understand that it is my responsibility to check the requirements of my alternative education provider and advise them of **all** my courses of study.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Student ID** |  |
| **Signature** |  | **Date** |  |