International Student Services
Sierra Vista, 3rd Fl
1500 N Verdugo Rd
Glendale, CA 91208-2894
818-240-1000 x6645
gcciso@glendale.edu

Concurrent Enrollment Request for Current GCC Students

Please use this form if you are currently enrolled at Glendale Community College and wish to take courses at another school *without* transferring your F-1 record. You must complete this form only if you wish for your enrollment at that institution to be counted towards your 12-unit minimum enrollment requirement for the Fall or Spring term. This form is not required for the summer or winter intercession. Your concurrent enrollment request must be submitted **no later** than the end of the add/drop period for the first 8-week session. If you have already graduated from GCC, you cannot enroll concurrently and must request a transfer to another school to continue your studies.

Do we have your current information? Make sure your address and phone number are correct in MyGCC.

YOUR INFORMATION: (*Please type or print clearly*)

_____	_____	_____
Student ID Number	Last Name	First Name

To engage in concurrent enrollment, please agree to each statement below:

- ❑ I must be enrolled in at least one course at Glendale Community College in order to request concurrent enrollment at another college.
- ❑ It is my responsibility to ensure I maintain full-time enrollment between both schools in order to maintain my F-1 status. I may not be enrolled in more than one online course between both schools.
- ❑ I must provide official transcripts from the other school within **15 days** of the end of the term to the Admissions & Records office to complete the unit transfer. **Failure to do so will result in an unauthorized drop below full course load and loss of F-1 status.**
- ❑ GCC requires only GCC academic counselors to authorize concurrent enrollment. Should the other school require a permission letter, I understand I can provide a copy of this completed form to their office.

_____ _____
Student Signature Date (MM/DD/YY)

THIS PORTION TO BE FILLED OUT BY AN ACADEMIC COUNSELOR

I authorize this student to take the following class(es) and have entered this in SARS:

_____ (_____ units)	_____ (_____ units)	_____ (_____ units)

at _____, **for the Fall** ____/**Spring** ___ **term.**
School Name Year Year

_____	_____	_____
Academic Counselor's Name	**Academic Counselor's Signature**	