

## Concurrent Enrollment Request for Current GCC Students

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 full-time enrollment requirement for the Fall or Spring term. **This form is not required for the summer or winter intercession unless you are graduating in that term; otherwise complete this in winter/summer only if your school requires a permission letter to allow you to register.** 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/Family Name

\_\_\_\_\_  
First Name

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

- I must be enrolled in at least one course at GCC to request concurrent enrollment at another college.
- It is my responsibility to ensure I maintain full-time enrollment between both schools to preserve 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)

### ACADEMIC COUNSELOR VERIFICATION

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

_____ ( _____ units) Class is fully online: <input type="checkbox"/>	_____ ( _____ units) Class is fully online: <input type="checkbox"/>	_____ ( _____ units) Class is fully online: <input type="checkbox"/>
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at \_\_\_\_\_, for the Fall \_\_\_\_\_ or Spring \_\_\_\_\_ term.  
School Name Year Year

\_\_\_\_\_  
Academic Counselor's Name

\_\_\_\_\_  
Academic Counselor's Signature

\_\_\_\_\_  
Date