

Concurrent Enrollment

This form must be completed by any F-1 student who wishes to take courses concurrently at another institution while continuing to study here at Contra Costa College (CCC). *Authorization for concurrent enrollment is required each semester.*

STUDENT INFORMATION:

Student I	D:		SEVIS ID:	
Last/Family Name:			Given Name(s):	
TERM:	🗆 Fall	□ Spring	□ Summer	Year: 20

INFORMATION OF CONCURRENT INSTITUTION:

Institution Name:	
Institution Address:	
Institution Phone Number:	

By signing below, I acknowledge that I must take a minimum of 9 units at CCC, and the remaining at the institution above.

Signature:	Date:

For Office Use Only:		Approved		
Please check the followi	ng: ORGN	O ALTT		
Reviewed by:				Date:
Approved by:				Date: