

International Student Office 2600 Mission Bell Drive San Pablo, CA 94806 international@contracosta.edu Phone: (510) 215-3954 | SSC-110

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 ID:		SEVIS ID: Given Name(s):	
Last/Family Name:			
TERM:	☐ Spring	☐ Summer	Year: 20
INFORMATION OF CONCL	URRENT INSTITUTION:		
Institution Name:			
Institution Address:			
Institution Phone Number	er:		
By signing below, I acknothe institution above.	wledge that I must take	a minimum of 9 unit	ts at CCC, and the remaining at
☐ Attach a schedule	e from the institution ab	ove (REQUIRED)	
Signature:			Date:
For Office Use Only:	☐ Approved	☐ Denied	
Please check the following: O ARTI C) rgn O al'	т	
Reviewed by:		Date	: