GLENDALE COMMUNITY COLLEGE
INTERNATIONAL STUDENT SERVICES

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

Use this form if you are currently enrolled at Glendale Community College and wish enroll at another school *without* transferring your F-1 record. Complete this form only if you want your enrollment at that school to count toward your full-time enrollment at GCC for the Fall or Spring term. **This form is not required during the summer or winter intersession unless you are graduating in that term; complete this form in winter or 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 mark your understanding of *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 maintain full-time enrollment between both schools.
- ❑ I may not be enrolled in more than one online course between both schools.
- ❑ I must send official transcripts from the other school to the office of Admissions & Records within **15 days** of the end of the term 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: ☐	_____ (_____ units) Class is fully online: ☐	_____ (_____ units) Class is fully online: ☐

at _____ (School Name), **for the Fall** ____ (Year) or **Spring** ____ (Year) **term.**

_____ **Academic Counselor's Name**

_____ **Academic Counselor's Signature**

_____ **Date**