



Coast Community College District

F-1 Concurrent Enrollment Agreement

Name: _____
Last Name First Name MI

CCCD Student ID: _____

STUDENT INFORMATION

The following rules apply to students who have an F-1 visa and I-20 issued from another college or university and wish to attend on a part-time basis.

1. You will ONLY be allowed to enroll in the number of units listed on this form.
2. You will be limited to a maximum of six (6) units or no more than two (2) classes each semester unless otherwise approved by your International Advisor.
3. If you should enroll in more than six (6) units or two (2) classes without permission, you will be withdrawn from all excess classes and refunds will be made based on the drop and refund policies as stated in the college catalog.
4. The admission of an F-1 student on a part-time basis under special conditions does not commit the college to accept you as a full-time student.
5. This form must be certified and returned to the Residency Technician in the Admissions and Records Office with a copy of your current I-20 before your application can be processed.
6. This form will be required for each semester of attendance at Coastline.
7. All students wishing to enroll in an English, Math or course with prerequisites are required to take the Assessment Test or provide proof of prerequisites.

I understand the above conditions and agree to abide by them if approved for admission as part-time F-1 student at (check one): **Coastline Community College** **Golden West College** **Orange Coast College.**

Student Signature

Date

TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

I affirm that, _____, has permission to enroll in the following

Student Name (Last Name, First Name)

course(s) and unit(s) during

Fall

20_____ at

Coastline Community College.

Spring

Golden West College.

Summer

Orange Coast College.

- | | | | |
|----|-------------------------------|--|-------|
| 1. | _____ | _____ | _____ |
| | Course Number (eg. CHEM C180) | Course Title (eg. Introduction to Chemistry) | Units |
| 2. | _____ | _____ | _____ |
| | Course Number (eg. CHEM C180) | Course Title (eg. Introduction to Chemistry) | Units |

Print Name of International Advisor

Title

International Advisor Signature

Date

Institution Information

Name of Institution: _____

(stamp or seal here)

Street Address: _____

City, State, Zip: _____

Email/Phone: _____