



INTERNATIONAL STUDENT PROGRAM
CONCURRENT ENROLLMENT REQUEST FORM

Term/Year Requesting Authorization: Today's Date:
Student's Last Name: Student's First Name:
Student ID Number: SEVIS ID Number:
U.S. Street Address: Apartment Number:
City: State: Zip Code:
Phone Number: Email Address:
Number of Units Enrolled at LACC for the Requested Term:

TO: (Name of Institution)

This letter is to certify that the above-named student is an F-1 visa international student at Los Angeles City College. The student has been given permission to attend your institution on a part-time basis for the term. (Semester/Year)

Student requested the following classes*:
*This form does not imply the student's eligibility to enroll in the requested courses at your institution.

IMPORTANT MESSAGE TO THE STUDENT:

- 1. You are required to enroll in/complete at least 6 units at Los Angeles City College in Fall/Spring term. If the number of LACC enrollment unit falls below 6 units during the approved term, your I-20 will be terminated.
2. You must submit proof of enrollment in these classes to LACC's International Student Program within 10 days of your enrollment.
3. You must complete at least 12 units for Fall & Spring semester to maintain your F1 visa status.
4. You need to request, from the institution, an official transcript be sent to LACC's Admissions & Records Office once you have completed the courses.

Student Name (Print): Student Signature: Date:

Counselor Name (Print): Counselor Signature: Date: