

## **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.		
<ol> <li>IMPORTANT MESSAGE TO THE STUDENT:         <ol> <li>A majority of your semester/session units, at least 7 units for Fall &amp; Spring semester, must be completed at Los Angeles City College.</li> <li>You must submit proof of enrollment in these classes to LACC's International Student Program within 10 days of your enrollment.</li> <li>You must complete at least 12 units for Fall &amp; Spring semester to maintain your F1 visa status.</li> <li>You need to request, from the institution, an official transcript be sent to LACC's Admissions &amp; Records Office once you have completed the courses.</li> </ol> </li> </ol>		
Sincerely,		
Counselor		
International Student Program Los Angeles City College	Print Counselor's Name	Counselor's Signature