



Foothill De Anza Community College District
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 Cupertino, CA 95014

International Student Programs
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F-1 International Student Concurrent Enrollment Authorization

Complete this form if you are currently enrolled at De Anza College and wish to take courses **outside Foothill-De Anza** without transferring your I-20. This form is required **only** if you want your enrollment at that school to be counted towards your 12-unit minimum enrollment requirement for the Fall/Winter/Spring Quarter (or if approval is required for admission). This form is not required for the summer. You can only be approved for concurrent enrollment at one other SEVP-certified school each quarter.

Student Name: _____ **Student ID:** _____

Concurrent Enrollment School: _____ **Term & Year:** _____

Class(es) to Take at Concurrently Enrolled School:

Course ID	Course Name	Units/Credits	Online/ In-person/ Hybrid

CONCURRENT ENROLLMENT AGREEMENT

- I must be enrolled in at least 8-9 on-campus or hybrid units at De Anza College and it is my responsibility to maintain full-time enrollment between both schools. Only one online course between both schools can count toward my full-time enrollment.
- I must email a copy of my transcripts from the other school to my international student advisor within 15 days of the end of the term to verify course completion. Failure to do so will result in an unauthorized drop below full course load and loss of F-1 status.
- I understand that I should consult an academic counselor before taking classes at another school to confirm transfer requirements, course transferability, or my education plan. Approval of this form does not constitute academic advice.
- I understand that I must submit a new request each quarter that I intend to enroll concurrently.
- **If my concurrent enrollment units will result in me taking more than 21.5 quarter units total, I will be required to meet with a counselor prior to receiving a signature on this form.**

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY THE DE ANZA ISP OFFICE FOR APPROVAL

International Student Advisor Name: _____

International Student Advisor Signature: _____ **Date:** _____