



Foothill 21250 Stevens Creek Blvd.
De Anza Cupertino, CA 95014
Community
College
District

International Student Programs
Tel: (408) 864-8826
Fax: (408) 864-5638
dainternational@fhda.edu
deanza.edu/international

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 ensure I 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 completion of the course. 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 if I have questions about 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.

Student Signature: _____ **Date:** _____

Email this form to your International Student Advisor
Last name begins with A-L: Andrea Santa Cruz- santacruzandrea@deanza.edu
Last name begins with M-Z: Allison Largent- largentallison@deanza.edu

TO BE COMPLETED BY THE DE ANZA ISP OFFICE FOR APPROVAL

International Student Advisor Name: _____

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