



Concurrent Enrollment Request Form

Student to complete:

Student Name: _____
Family Name First MI

Date of Birth: _____ Phone#: _____ PCC Email: _____@go.pasadena.edu
mm/dd/yyyy

Major: _____ First Semester at PCC: _____ Expected Graduation: _____
mm/dd/yyyy mm/dd/yyyy

PCC ID#: _____ SEVIS ID#: **NOO** _____
(last 8 digits)

Program End Date on I-20: _____ Passport Expiration Date: _____ Visa Expiration Date: _____
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Full name of school you would like to attend _____ Term: Spring Fall _____
Year

Concurrent enrollment is defined as attending PCC and another SEVIS-approved insitution at the same time. To request concurrent enrollment, this form must be signed by the Academic Counselor prior to ISC authorization. If you enroll in 12 units at PCC or take a class at another insitution dring Summer or Winter session, you do not need the Academic Counselors signature. If the ISC approves your request, an authroization letter will be given to you to present to the school you wold like to enroll in.

- STEP 1:** You must enroll in at least 6 units at PCC and obtain a signature from an Academic Counselor first.
- STEP 2:** Submit the Concurrent Enrollment Request Form to ISC.
- STEP 3:** Submit a copy of unofficial transcript from the school you attended under concurrent enrollment to ISC within one week after your registration.
- STEP 4:** Upon completion of the course(s), you must submit 1) a copy of unofficial transcript including your final grade(s) to ISC and 2) an official transcript to Admissions & Records Office within 1 week after grades are posted.

I have read and understood the information above and my responsibilities. I state that the information I provided on this form is true.

Student Signature mm/dd/yyyy

Academic Counselor to Complete (if you have less than 12 units at PCC)

PCC Course # and Title	Units	Equivalent CRN	Title	Units
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- PCC is not offering the course during Fall/Spring semesters.
- The course(s) the student needs is closed.
- Student's repeat petition was denied and s/he must take the course at another college.

Academic Counselor Signature Printed Name mm/dd/yyyy

ISC staff to complete:

Unit # _____ SEVIS SARS Request log Notes in "Drop Below Full Time Comments" in GOASEVS
 Letter issued Email A&R Email student Google Form Initial: _____ Date: _____