This form is used by Irvine Valley College international students who wish to enroll at another US institution part-time. Your request for concurrent enrollment is reviewed on a case-by-case basis. If this request is approved the authorization is limited to 6 (six) units.

**Students who have not met the pre-requisite requirement for the equivalent course at IVC will have their request denied.** For example, if you are requesting to take a Writing 1 at another school, but have not placed into or are not eligible to take Writing 1 at IVC, your request will be denied.

Concurrent enrollment requests will be considered for students who meet the following requirements:
1. Attach a course description of the class(es) you would like to attend at another institution.
2. Must be in lawful F-1 visa status and maintain F-1 visa status throughout the enrollment semester.
3. Must be in good academic standing (Min. GPA of 2.0).
4. Must have completed at least one semester at IVC.
5. Must be eligible to take the equivalent course at IVC (see above).

Name: ___________________________________________ Student ID: ________________________________

Last Name: __________________ First Name: ___________________ Middle Name: __________________

Student Email: _________________________________________________________________

Name of the Institution you wish to attend: ______________________________________________

Term/Semester: ____________________________

**Course(s) you plan to take:** (Include the name and course number)

1. ________________________________________________________________

2. ________________________________________________________________

**Indicate the reason you wish to take the above course(s):**

_____ The above course(s) is not currently offered at either Irvine Valley College or Saddleback College.

_____ Other (you must give a valid academic explanation as to why you need to take the class)

_________________________________________________________________________________

_________________________________________________________________________________

The course(s) is within my current academic plan and meet the degree requirements at IVC.   Yes / No  (Circle correct response.)

Student Signature: __________________________________________ Date: ______________________

If you have any questions, please contact our office at: (949) 451-5414, or by email at: iso@ivc.edu

*For Use by IVC International Student Center Only*

Received by: ______________ Approved? YES NO / IVC DSO Signature __________________________ Date: ______________

Comments: ____________________________________________________________________________