

NAME _____
 (Please Print) Last _____ First _____ M.I. _____ DOB _____
 (mm/dd/yy) ID# _____
 Phone Number _____ TERM _____

ISP OFFICE USE ONLY

Unit Limit _____
 Initials _____
 Copy of Form I-20 _____

Cypress College
International Students Program (ISP)
 9200 Valley View St.
 Cypress, CA 90630
 (714) 484-7049

A&R OFFICE USE ONLY

Date Rec'd _____
 Initials _____
 ID# _____
 Reg. Block _____

F-1 STUDENT CONCURRENT ENROLLMENT AGREEMENT

PART A: This portion to be completed by student.

The following rules apply to students on an F-1 visa at another college or university who wish to attend Cypress College on a part-time basis.

1. In order to register for classes, you must receive authorization from your current school **and** the International Student Office at Cypress College, then return form to Admissions and Records Office.
2. You must be enrolled in a full-time program and in good standing at the school, college or university that issued your Form I-20.
3. You may enroll in a maximum of 2 classes. Enrollment beyond this limitation or the number of units indicated above will cause you to be administratively withdrawn from all classes.
4. An official transcript may be required to validate course prerequisites and co-requisites.
5. Math and English placement tests may be required to determine course placement.
6. Students from a language school may not enroll in ESL courses.
7. A completed F-1 Student Enrollment Agreement form is required prior to registration each semester at Cypress College.
8. Admission as a part-time student does not commit Cypress College to accept you as a full-time enrollee.
9. Submit \$20.00 processing fee by cash or check payable to Cypress College.

I understand and agree to comply with the above conditions of part-time enrollment at Cypress College.

Signature of Applicant _____ *Today's Date* _____

PARTB: This portion to be completed by school official responsible for issuing Form I-20.

_____ is recommended for the classes
 Student Last Name First M.I.

listed below for the _____ SEVIS ID# _____
 Semester and Year

He/She is in good standing and has indicated full intent to re-enroll for the following term at our institution.

Recommended Cypress College Classes (Limitation: 2 classes. Students from a language school may not enroll in ESL courses)

1. _____
 Signature of School Official

2. _____ / _____
 University or College Date