



Fall/Spring Concurrent Enrollment Permission Form

If you are currently attending a local college or university in F-1 status and wish to take a course from CVCC, please complete this form and have it returned to CVCC from your current international student advisor. You may not enroll in classes at CVCC until this form is on file in our Admissions and Records Office. **Please note:** it is the policy of CVCC that F-1 students may only take one online course and one campus based course per visiting semester. Students who will not be in the U.S. may not take classes online.

SECTION A: This section is to be completed by the student.

I request and authorize the school named below and designated officials to complete the remaining sections of this form and mail it to the Admissions and Records Office at the address posted below (student may hand carry a sealed and signed envelope to CVCC).

Name: (print)

Last

First

Middle

Name of School: _____ Date of Birth: _____

Term/year requested: _____ Telephone: _____

Please read and initial each of the following statements:

1. _____ There is current financial documentation on file at the institution you are authorized to attend indicating you are able to pay for classes at your home institution and CVCC.
2. _____ You in good financial and academic standing with your institution of record.
3. _____ You are currently covered by health insurance.
4. _____ You will only take classes authorized by your institution of record and your enrollment at both institutions cannot exceed 18 credit hours.
5. _____ You understand that you may only take one online course per semester.
6. _____ CVCC requires that you provide proof of English proficiency. Attached to this request is either a letter of recommendation from one of your professors or an official transcript showing a grade of "C" or better in Freshman English.
7. _____ You will only enroll in the courses indicated in Section B of this document.
8. _____ You must pay for your class or classes by the date required or lose your place in the class.
9. _____ Failure to follow CVCC policies regarding class attendance will result in being dropped or withdrawn from that class putting you out of status. You may not be able to re-enroll.
10. _____ You have provided the CVCC Admissions and Records Office with a copy of your current I-20 and I-94.

Please read and sign:

I understand that as a guest student at CVCC I am responsible for observing all policies of that college and that failure to provide accurate information or failure to maintain my responsibilities as an F-1 student will be reported to my authorizing institution.

Student Signature _____ Date _____



SECTION B: This section is to be completed by the International Student Advisor/DSO at the F-1 student's home school.

The student named in Section A is an F-1 student at: _____

The student is in valid F-1 status and has sought permission to enroll in courses at CVCC as a part-time student.

Student's SEVIS Identification number: _

The following documentation is on file in the student's F-1 file:

- Current documentation demonstrating appropriate financial resources
- Current health insurance coverage
- Valid unexpired I-20 and I-94

The following items should be attached to this application:

1. Letter of recommendation from professor regarding English proficiency (unless official transcript with grade in English of "C" or better has been sent to the CVCC Admissions and Records Office.)
2. A letter of permission from the students' academic advisor listing the courses the student is permitted to take at CVCC.
3. This student is authorized to take the following courses at CVCC for the upcoming semester not to exceed half time enrollment (8 credits)

Name of International Student Advisor/DSO: _____

Title _____

Email address _____ Telephone _____

Signature _____ Date _____

Please place this form and all necessary documents in a sealed envelope and send to:

Central Virginia Community College
Admissions & Records Office
3506 Wards Road
Lynchburg, Virginia 24502