



Concurrent Enrollment Permission Request

Student's Name: _____ Today's Date: _____

Palomar ID Number: _____ Date of Birth: _____

Email Address: _____

In what school do you want to study? _____

When do you want to take the class(es): Semester: _____ Year: _____

Name of Class(es) you want to take: _____

Reason you want to take this class? _____

NOTE:

You must enroll in and pay for at least 12 units at Palomar College before you will receive permission to take classes at another college/university.

Have you already enrolled in at least 12 units at Palomar? (circle) Yes No

Have you paid for your Palomar classes yet? (circle) Yes No

MY RESPONSIBILITY:

I understand that I need to maintain full-time status at Palomar College by enrolling in and completing a minimum of 12 units for the semester at Palomar College. In addition, I understand that I will fall out of status if I drop below 12 units at Palomar College, and my SEVIS record will be terminated.

Student's Signature: _____

*****Do Not Write Below This Line*****

Fall Units: _____ Spring Units: _____ Outstanding Balance: _____