



## 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: \_\_\_\_\_