



Concurrent Enrollment Permission Request

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

Palomar ID Number: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____

Email Address: _____

Major/Program of Study: _____

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.

Students need an educational plan for their current program/major listed on their SEVIS I-20 before their request will be approved. Go to MyPalomar and click on "Educational Plan" to see your educational plan. Schedule a counseling appointment if you need to create/update your educational plan.

Student's Signature: _____

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

Full Time? _____ Education Plan? _____ Outstanding Balance: _____