

Last Name: First Name I.D. # Units Holds

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**Saddleback College · International Students Office**  
**Incoming Concurrent Enrollment**

*(This application is for fulltime F-1 Visa students from another institution)*

**Office: 949-582-4637 Fax: 949-582-4800**

**[www.saddleback.edu/iso/](http://www.saddleback.edu/iso/)**

F1 Visa International Students who hold a valid SEVIS I-20 issued by another school may attend Saddleback College on a part time basis under the following conditions:

1. You must currently be enrolled in a full-time program at the college, institution, language program or university which issued your SEVIS I-20 form at the time of enrollment and while enrolled at Saddleback College.
2. Concurrent enrollment is limited to six units per semester. This form is only valid at Saddleback College. Students wishing to attend another college within our district must apply with that college directly.
3. Online application form and this completed and approved concurrent enrollment form must be submitted with a \$54.00 **APPLICATION FEE IN THE FORM OF A CHECK PAYABLE TO SADDLEBACK COLLEGE & YOU MUST PRESENT YOUR CURRENT SEVIS I-20, VISA, PASSPORT AND I-94 CARD AT WHEN SUBMITTING YOUR APPLICATION.**
4. High School students must also complete the special K-12 form located at the office of admissions and records. (This can be downloaded from their webpage <http://www.saddleback.edu/admissions/>)

**STUDENT AGREEMENT** – *I understand and accept the above conditions, if approved for admission as a part time student at Saddleback College.*

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Full Name Signature Date

**To be completed by Designated School Official:**

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*The above named F1 Visa student currently attends:* **Name of College, Institution or University**

and he/she is authorized to attend Saddleback College for

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**Term Year**

**Enrollment is approved for the courses listed below:**

1. **Affix school seal here:**

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*Course Name and Number*

2.

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*Course Name and Number*

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Name and Title of School Official Signature Date

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Phone # Fax Email Address