

STUDENT'S NAME:

Last or Surname	First or Given	Middle Name			
DATE OF BIRTH:	SJC ID#:				
Student is enrolled atCollege/	on an F-1 (stu 'University	on an F-1 (student) visa. ty			
I recommend that he/she be allowed to take the following course(s):	to enroll at SJC forsemester/yea	 r			

I understand that SJC will not issue an I-20 and expects the student to maintain full-time status.

Concurrent enrollment students will not be allowed to enroll in more than three (3) online credit hours at SJC.

International S	Student	Advisor	Name	and S	Signature
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Date (mm/dd/yy)