

Concurrent Enrollment Form

New concurrent enrollment students must submit a **\$50.00 application fee**. If paying the cashier directly, please provide a copy of your receipt.

Family Name:		First Name:		Middle Name:		
Date of birth: / /		<input type="checkbox"/> Female <input type="checkbox"/> Male	I would like to apply for:			Year: 20 ____
		<input type="checkbox"/> Fall Qtr	<input type="checkbox"/> Wtr Qtr	<input type="checkbox"/> Spr Qtr	<input type="checkbox"/> Smr Qtr	
Current Address:						
City:		State:		Zip Code:		
Telephone number:		Email Address:				
Emergency Contact Name:		Emergency contact phone number:				
Home Country permanent Address:						
City:		Province or State:				
Country:		Zip Code:				

Have you ever been a student in the Seattle College District before? Yes No

If Yes, where? North Seattle College Seattle Central College South Seattle College

Your Seattle College Student ID Number # (if applicable): _____

Your Current School:					
Your Advisor's Name:		Phone Number:		Email Address:	
Your Current Student ID Number:		Do you wish to participate in SSC's International Student Health Insurance?			
		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Course Abbreviation: (i.e. ENG)		Course Number: (i.e. 101)		Item Number & Section: (i.e. 0000.01)	
Meeting Times & Days:		Credits or clock hours:		Building & Room #:	

By signing this form you authorize an advisor to enroll you in the course listed above. If you are placed on the waitlist for a class, you agree to check the email address provided in this form to monitor your enrollment status. Students who are on the waitlist are not considered registered until enrolled in the class. By signing, you agree to pay tuition at South Seattle College within seven days of registration or by the first day of class, *whichever comes first*. Failure to pay tuition on time will result in being dropped from class. You agree to work with your current student advisor at the institution issuing your I-20 to meet fulltime enrollment status as an international student studying on an F-1 visa.

Student Name

Signature

Date

As the advisor for the student listed above, I authorize him/her to participate in concurrent enrollment with South Seattle College, and I certify that the student has met all the prerequisites for the requested class.

Advisor Name

Signature

Date