

OFFICE

300 Trinity Campus Circle | Fort Worth, TX 76102 | 817-515-1570 | Fax 817-515-0622

PERMISSION FOR CONCURRENT ENROLLMENT OF INTERNATIONAL STUDENTS

Name	Date of Birth	
		(mm/dd/yyyy)
TCC ID#	Email	
Student is enrolled at		on an F-1(student) visa.
	College/University	
I recommend that he/she be allowe	ed to enroll at TCC for	
to take the following course(s):		semester/year
I understand that TCCD will not is enrollment at this institution.	sue an 1-20 and expects the	e student to maintain full-time
Concurrent students will not be a	llowed to enroll in more tha	n six (6) credit hours at TCC.
Proof of Meningitis Vaccination I	Required (If new to TCC and to	under 22 years old.)
International Student Advisor Si	gnature	Date (mm/dd/yy)
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After completing the above information, please return this form to the International Admissions Office by mail, email address, or fax as shown below:

Office of International Admissions Tarrant County College 300 Trinity Campus Circle Fort Worth, TX 76102 Phone: (817) 515-1570 Fax: (817) 515-0622

E-mail: internationaladmissions@tccd.edu