SAN JUAN COLLEGE
Office of Admissions

STUDENT'S NAME:

_____

Last or Surname | First or Given | Middle Name

DATE OF BIRTH:_____ SJC ID#:_____

Student is enrolled at _____ on an F-1 (student) visa.
College/University

I recommend that he/she be allowed to enroll at SJC for _____
to take the following course(s): semester/year

_____

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