



**Concurrent Enrollment Verification Form for
JCCC I-20 Students Enrolling at Other Institutions**

PART I: TO BE COMPLETED BY STUDENT

Street address (number and name of street)

City

State

ZIP Code

JCCC ID #: _____ SEVIS ID#: _____

**Information for Concurrently Enrolling JCCC I-20 Students
Enrolling at Institutions Other Than JCCC**