Concurrent Enrollment Invitation Letter for International Students

Instructions for Student:
To be accepted into the UC Berkeley Concurrent Enrollment Program, you must be officially invited by a UC Berkeley campus department. Once you have identified a department, please request an Invitation Letter (see below). You must upload this letter into your online application. More information on this option can be found at https://extension.berkeley.edu/static/studentservices/concurrent/

Instructions for Department:
International Students must be invited by a department to participate in the UCB Extension Concurrent Enrollment Program. If the department wishes to waive the TOEFL, please state this in the letter. This letter is required for international students to apply to the Concurrent Enrollment Program.

Please write your invitation letter using the template below on your departmental letterhead with a proper signature at the bottom. Return your letter to the student as they must upload it into their Concurrent Enrollment Online Application found here https://tinyurl.com/ucbxCE.

TEMPLATE LETTER

** YOUR DEPARTMENT LETTERHEAD **

DATE

To UC Berkeley Extension International Student Services:

This letter of invitation acknowledges that ___ Name of student ___ is eligible to enroll in the ___ Name of Campus Department ___ classes through the Concurrent Enrollment Program of UC Berkeley Extension for the ___Spring and/or Fall semester of (must specify the term and the year) ___. ___Department Name ___ agrees to allow the student to enroll in a full course load of classes in our department, or has made arrangements with ___ list other departments ___ to comprise a full course load.

As an international student, ___ Name of the student ___ must adhere to and be held responsible for any Department of Homeland Security regulations pertaining to a full-time F-1 student. It is the student’s responsibility to obtain the approval of the instructors, to meet all of the deadlines and departmental requirements, to apply for classes, to monitor application status, and follow-up with application reviewers at all levels to assure enrollment. Our department’s full-time load requirement is ___ # ___ units, and our department will work with the student to ensure that the student is able to enroll in a full-time course load.

If there are any questions regarding this invitation, please contact us at ___ Name of the campus department, phone number and the time to be reached ___.

Sincerely,

Signature of Department Chair
Name
Title