

CSUSB CROSS ENROLLMENT

Application for Cross Enrollment to the California Community Colleges or University of California

Office of the Registrar ♦ University Hall -171 ♦ 909-537-7671

INSTRUCTIONS: 1. Complete form and submit to the CSUSB Registrar's Office (UH-171) for certification. 2. Obtain the approval from the instructor of the class at the **host** campus. Only **ONE** class may be taken per quarter. 3. Submit form, with ALL required signatures, to the **host** campus for final approval, by their designated deadlines for the quarter/semester intended. **NOTE:** Late applicants are subject to campus and/or department limitations and are not guaranteed enrollment.

Host Campus _____ Host Campus Rep Phone # () _____ - _____

Name _____ Student ID Number _____ - _____ - _____

Last First Middle

Mailing Address _____ City _____ State _____ Zip _____

Phone # () _____ - _____ Other # () _____ - _____ E-Mail _____

Date of Birth (mmddyy) ____/____/____ Sex: Male ☐ Female ☐

Planned quarter of cross enrollment at Host Campus: Fall ☐ Winter ☐ Spring ☐ YEAR: _____

Major at CSUSB _____ Intended Graduation: Quarter _____ Year _____

Reason for cross enrollment: ☐ Course unavailable at CSUSB ☐ General interest in subject ☐ GE Transfer
☐ Other: _____

By signing below, I certify that the information I have provided is accurate and that I have read and understand eligibility requirements, enrollment conditions and procedures as stated.

Student's Signature _____ Date _____

CSUSB Certification

California State University, San Bernardino certifies that this student meets cross enrollment eligibility requirements.

Signature of Official _____ Title _____ Date _____

HOST Campus Certification

Course _____ Call # _____ Units _____ Instructor's Signature _____

Course Lab/Activity _____ Call # _____ Units _____ Instructor's Signature _____

☐ **Approved** ☐ **Denied** with reason: _____

Signature of Official _____ Date _____