

# CROSS ENROLLMENT

CSUSB Application for Cross Enrollment from the California Community Colleges or University of California

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

**INSTRUCTIONS:** 1. Download and complete the university application for Non-Degree Seeking Students from the admissions.csusb.edu website. 2. Complete and submit this form to the office of the registrar or other designated cross enrollment office at your **home** campus for certification. 3. Obtain the approval from the instructor of the class at CSUSB. Only *ONE* class may be taken per quarter. Additional enrollment of classes through the College of Extended Learning is NOT PERMITTED. 4. Submit this form, with ALL required signatures, to the CSUSB Registrar's Office (UH-171) for final approval, **no later than the first day of classes at CSUSB** for the quarter intended. **NOTE:** Late applicants are subject to campus and/or department limitations and are not guaranteed enrollment.

Home Campus \_\_\_\_\_ Home Campus Rep Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ CSUSB Student ID Number \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth (mmddyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail \_\_\_\_\_

Planned quarter of cross enrollment at CSUSB: Fall  Winter  Spring  YEAR: \_\_\_\_\_

If you have previously attended CSUSB, what was the last quarter attended? Quarter \_\_\_\_\_ Year \_\_\_\_\_

Reason for enrollment:  Course unavailable at home campus  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. I understand that I may not enroll in additional courses at CSUSB, including the Palm Desert Campus, or this request will be denied or cancelled and subject to regular admission application and tuition fees.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## HOME Campus Certification

\_\_\_\_\_ certifies that this student meets cross enrollment eligibility requirements.  
(Name of Home Campus)

Signature of Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## California State University, San Bernardino Certification

Course \_\_\_\_\_ Class# \_\_\_\_\_ Units \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Course Lab/Activity \_\_\_\_\_ Class# \_\_\_\_\_ Units \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Approved  Denied with reason: \_\_\_\_\_

Signature of Official \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: Ck/Rept# \_\_\_\_\_ Fee \_\_\_\_\_ Date \_\_\_\_\_

Distribution: White / CSUSB Yellow / ASR Pink / Student Copy

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