

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SIMULTANEOUS ENROLLMENT – UNDERGRADUATES ONLY**

_____ **Last Name** **First** _____ **Student ID #** _____ **Quarter & Year**

List the course constituting special arrangements for a simultaneous enrollment below.

COURSE # (i.e. Eng 101)	CLASS # (10566)	COURSE TITLE (Freshmen Composition)	UNITS (4)	DAYS (MWF)	TIMES (8 – 9:50AM)
1.					
Lab/Activity					

Arrangements:

APPROVAL: REQUIRED SIGNATURES FOR ENROLLMENT & SPECIAL ARRANGEMENTS

Class Instructor: (You are agreeing to these special arrangements and are approving the enrollment.) X _____ Date _____	Dept Chair of the Class: (You are agreeing to these special arrangements and approving the enrollment.) X _____ Date _____
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List the course you are currently enrolled in for which these special arrangements are requested.

COURSE # (i.e. Eng 101)	CLASS # (10566)	COURSE TITLE (Freshmen Composition)	UNITS (4)	DAYS (MWF)	TIMES (8 – 9:50AM)
1.					
Lab/Activity					

Arrangements:

APPROVAL: REQUIRED SIGNATURES FOR SPECIAL ARRANGEMENTS

Class Instructor: (You acknowledge and are agreeing to these special arrangements.) X _____ Date _____	Dept Chair of the Class: (You acknowledge and are approving these special arrangements) X _____ Date _____
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By signing below, I am confirming that I meet all necessary pre-requisites and am eligible for enrollment in the listed courses above and that I am in agreement with these special arrangements.

_____ **Student Signature** _____ **Date** (_____) _____ **Phone #**

Please return this completed form to the Office of the Registrar (UH-171) for processing.
All registration regulations apply.