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

<u>INSTRUCTIONS</u>: 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 term. 3. Submit form, with ALL required signatures, to the **host** campus for final approval, by <u>their designated deadlines</u> 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 Mailing	First	Middle	Student	ID Number		
Address		City		State	Zip	
Phone # ()	Other # ()]	E-Mail		
Date of Birth (mm/dd/yy))//		S	Sex: Male 🗖 Fe	male	
Planned term of cross enr	ollment at Host Campi	us: Fall 🗖	Winter 	Spring YE	AR:	
Major at CSUSB		Intende	d Graduatio	on: Term	Year	
Reason for cross enrollmed Other:				eral interest in sub	ject	
By signing below, I certify eligibility requirements, e	,			e and that I have	read and understand	
			Date			
		USB Certifica				
California State University requirements.	sity, San Bernardino	certifies that	this studer	nt meets cross e	enrollment eligibility	
Signature of Official		Title			Date	
	HOST	Campus Cert	tification			
Course	Call #	Units_	Instruct	or's Signature		
Course Lab/Activity	Call #	Units_	Instruct	tor's Signature		
□ Approved □ Denied	with reason:					