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 term. 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 term intended. NOTE: Late applicants are subject to campus and/or department limitations and are not guaranteed enrollment.

Home Campus_______________________________ Home Campus Rep Phone # (       )_______ - _________
Name_________________________________________________________ Student ID Number ______________________
Last                                      First                                        Middle
Mailing Address_____________________________________________ City_________________ _____State_____ Zip________
Phone # (       )_______ - _________ Other # (        )_______ - _________ E-Mail_________________________
Date of Birth (mm/dd/yy) _______/_______/_______                                 Sex:  Male ☐ Female ☐
Planned term of cross enrollment at CSUSB:      Fall ☐ Spring ☐ YEAR: ____________
If you have previously attended CSUSB, what was the last term attended? Term_________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.
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 _______________________ Call # ___________ Units____ Instructor’s Signature_________________
Course Lab/Activity_____________ Call # ___________ Units____ Instructor’s Signature_________________
☐ Approved  ☐ Denied with reason:___________________________________________________________
Signature of Official_____________________________ Date_______________________

OFFICE USE ONLY: Ck/Rcpt# __________________ Fee _____________ Date_______________

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