Simultaneous Enrollment

If a student is registering for classes at CSUSB whose meeting times overlap, a petition for simultaneous enrollment must be completed. Without an approved petition, MyCoyote will not allow the student to register for both classes. Five signatures are required: the student, the Dean of Graduate Studies, the Graduate Coordinator, and both instructors.

Instructions:

1. Fill out the attached petition.

2. Gather the necessary signatures.
   - Instructor for Course #1
   - Instructor for Course #2
   - Graduate Coordinator
   - Student

3. Each instructor must sign the form and explain how the course requirements will be met. This explanation should include the student’s arrival and departure times and describe how missed work/class time will be made up.

4. The completed form is sent to Graduate Studies for the Dean to review. After the Dean approves and signs the form, a copy is sent to the student and the original is sent to the Office of the Registrar. The Registrar will then enroll the student into the second course.

CSUSB Office of Graduate Studies
College of Education 356
Phone: (909) 537-5058
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
POSTBACCALAUREATE / GRADUATE PETITION FOR SIMULTANEOUS ENROLLMENT

Name ___________________________________________ Date ____________________________

Street Address __________________________________ Telephone (_____) __________________
City, State, Zip __________________________________ Coyote ID# ________________________
Campus Email ______________________________________

What is your status as a graduate student?

□ Unclassified POSTBACCALAUREATE not intending to apply to a graduate program.
□ Have applied to a graduate program.
□ Conditionally classified in a graduate/credential program.
□ Classified in a graduate/credential program.

Enrolled in the following degree: ________________________________

Course Overlap Information

Term: _______ Year: ________

1. Course #1: Meeting Time: _________ Days: M T W Th F Time of Overlap: _________
Course # and Name: _______________ Class Schedule #: _______________
Instructor: __________________________
Arrangements: (Explain how the student will meet the course requirements and days/times listed above):
________________________________________________________________________
________________________________________________________________________

2. Course #2: Meeting Time: _______ Days: M T W Th F Time of Overlap: _________
Course # and Name: _______________ Class Schedule #: _______________
Instructor: __________________________
Arrangements: (Explain how the student will meet the course requirements and days/times listed above):
________________________________________________________________________
________________________________________________________________________

Both Instructors’ Verification (Approval) of Special Arrangements:

_________________________________________  _________________________________
Instructor Signature (Course #1)              Instructor Signature (Course #2)

__________________________________________
Student Signature

_____ Approved   _____ Not Approved   _____ Approved   _____ Not Approved

_________________________  _______________________  ________________________
Date                    Graduate Coordinator Signature     Date                Dean of Graduate Studies