

## Simultaneous Enrollment

If a student is registering for classes at CSUSB whose meeting times overlap, a petition for simultaneous enrollment must be completed. Five signatures are required: the student, both instructors, the Graduate Coordinator, and the Dean of Graduate Studies.

### Instructions:

1. Complete and sign the attached “Simultaneous Enrollment” form.
2. Gather the necessary signatures:
  - Instructor for Course #1\*
  - Instructor for Course #2\*
3. Submit the form to your graduate coordinator for review and signature.
4. Your graduate coordinator should then send the form to Graduate Studies ([gradstud@csusb.edu](mailto:gradstud@csusb.edu)) for review.
5. Once your request has been reviewed, you will receive an email and copy of the form via Adobe Sign. You may download the form for your records.
6. The form will automatically be sent to the Office of the Registrar for final processing and you will be enrolled in the second course.

***\*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.***

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**POSTBACCALAUREATE / GRADUATE PETITION FOR SIMULTANEOUS ENROLLMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Coyote ID# \_\_\_\_\_  
Campus Email \_\_\_\_\_

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Enrolled in the following degree: \_\_\_\_\_

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**Course Overlap Information**

Term: \_\_\_\_\_ Year: \_\_\_\_\_

1. Course #1: Meeting Time: \_\_\_\_\_ Days: \_\_\_\_\_ Time of Overlap: \_\_\_\_\_

Course # and Name: \_\_\_\_\_ Class Schedule #: \_\_\_\_\_

Instructor: \_\_\_\_\_

Arrangements: (Explain how the student will meet the course requirements and days/times listed above):

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2. Course #2: Meeting Time: \_\_\_\_\_ Days: \_\_\_\_\_ Time of Overlap: \_\_\_\_\_

Course # and Name: \_\_\_\_\_ Class Schedule #: \_\_\_\_\_

Instructor: \_\_\_\_\_

Arrangements: (Explain how the student will meet the course requirements and days/times listed above):

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Both Instructors' Verification (Approval) of Special Arrangements:

\_\_\_\_\_  
Instructor Signature (Course #1)

\_\_\_\_\_  
Instructor Signature (Course #2)

\_\_\_\_\_  
Student Signature

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\_\_\_\_\_  
Date Graduate Coordinator Signature

\_\_\_\_\_  
Date Dean of Graduate Studies