

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 Records, Registration and Evaluations. Records will then enroll the student into the second course.

CSUSB Office of Graduate Studies

Chaparral Hall room 123

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# _____
Coyote Email _____@coyote.csusb.edu

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

Quarter: _____ 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 Instructor's Verification (Approval) of Special Arrangements:

Instructor's Signature (Course #1)

Instructor's Signature (Course #2)

Student's Signature

_____ Approved _____ Not Approved

_____ Approved _____ Not Approved

Date Graduate Coordinator's Signature

Date Dean of Graduate Studies