

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 quarter. Additional enrollment of classes through the College of Extended Learning is NOT PERMITTED. 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 quarter intended. **NOTE:** Late applicants are subject to campus and/or department limitations and are not guaranteed enrollment.

Home Campus _____ Home Campus Rep Phone # () _____ - _____

Name _____ CSUSB Student ID Number _____
Last First Middle

Mailing Address _____ City _____ State _____ Zip _____

Date of Birth (mmddyy) ____/____/____ E-Mail _____

Planned quarter of cross enrollment at CSUSB: Fall ☐ Winter ☐ Spring ☐ YEAR: _____

If you have previously attended CSUSB, what was the last quarter attended? Quarter _____ 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. I understand that I may not enroll in additional courses at CSUSB, including the Palm Desert Campus, or this request will be denied or cancelled and subject to regular admission application and tuition fees.

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 _____ Class# _____ Units _____ Instructor's Signature _____

Course Lab/Activity _____ Class# _____ Units _____ Instructor's Signature _____

☐ Approved ☐ Denied with reason: _____

Signature of Official _____ Date _____

OFFICE USE ONLY: Ck/Rcpt# _____ Fee _____ Date _____

Distribution: White / CSUSB Yellow / ASR Pink / Student Copy

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