

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/Rept# _____ Fee _____ Date _____