

# CROSS ENROLLMENT

CSUSB Application for Cross Enrollment from the California Community Colleges or University of California  
Office of Records, Registration and Evaluations ♦ University Hall -171 ♦ 909-537-7370

**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. 4. Submit this form, with ALL required signatures, to the CSUSB Registration 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 \_\_\_\_\_ Student ID Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Other # ( ) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth (mmddy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male  Female

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.*

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 \_\_\_\_\_

Distribution: White / CSUSB Yellow / Home Campus Pink / Student Copy

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