

CSU Application for Cross Enrollment to the California Community or the University of California

Complete form and submit to office of the registrar or other designated cross enrollment office at your home campus prior to the host campus filing period. You must verify admission and filing deadlines with the host campus. After home campus completes certifications, seek instructor approval at host campus during filing period designed by host campus. Host campus will provide registration instructions.

Home Campus _____ Host Campus _____

Planned semester/quarter/term of cross enrollment: Term _____ Year _____

If you have previously attended the host campus, that was has last term attended? _____

Name _____

Last
First
Middle

SFSU ID# _____ Birthdate ____/____/____

Mailing Address _____

Street
City
State
Zip Code

Home Telephone _(____)_____ Message Telephone_(____)_____

Reason for taking course:

Course unavailable at home institution _____ General interest in subject _____

Completing transfer _____ Other _____

I certify the information provided is accurate and that I have read and understand eligibility requirements, enrollment conditions, and procedures as stated.

Date _____ Student Signature _____

HOME CAMPUS CERTIFICATION

_____ certifies that this student meets cross enrollment eligibility requirements.

Home Campus name/Code _____

Registrar's Office Signature
Title/Seal
Date

HOST CAMPUS CERTIFICATION

Approval of class instructor:

Course planned at host campus	Units	Instructor Approval

Processing fee received _____

Cross Enrollment approved _____ Date _____ Host Campus Signature _____