



Application for Cross Enrollment

to the California Community Colleges 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 designated 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, what was last term attended? _____

Name _____ Social Security No _____
Last First Middle

Birthdate _____ / _____ / _____ Home campus ID _____
Mo. Day Yr.

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 _____ Signature _____

HOME CAMPUS CERTIFICATION

_____ certifies that this student meets cross enrollment eligibility requirements.

Home campus name/Code _____

Signature _____ Title/Seal _____ Date _____

HOST CAMPUS CERTIFICATIONS

Approval of class instructor:

Course planned at host campus	Units Q S	Instructor Approval

Processing fee received _____

Cross enrollment approved _____ Date _____ Signature _____

Please see back of form for additional information/requirements

