COMMUNITY COLLEGE CONCURRENT ENROLLMENT REQUEST FORM

This form is not an approval to transfer unit credit to CSUB, you must consult your academic advisor to discuss which course(s) transfer to CSUB

Before you may take a class at a Community College, you must obtain permission from International Students and Programs and from your academic advisor. Your academic advisor must give you something in writing stating that the courses you take outside of CSUB are transferable back to CSUB. We don’t need to see the permission in writing, it’s something you need to keep for your protection. You need to turn this form at least THREE weeks in advance of needing a concurrent enrollment letter. Approval is not automatic.

To request permission, you must meet the following requirements:

1. You are a full time enrolled CSUB student, in good standing (CSUB GPA 2.75+ & OVERALL GPA 2.75+, exception: summer)
2. You have consulted with your academic advisor and it was determined that the requested class is required for your degree program
3. Be at CSUB for 2 semesters
4. You have a valid reason for not taking the class here at CSUB. Please list reason below: (if you don’t list a reason your application will be denied)

_______________________________________________________________________________________________

4. Include a print out of the course you want to take that includes date, time, location, and name of school
5. The form must be filled out completely. Anything left blank will cause a delay.

First Name: ___________________________ Last Name: ___________________________

Major: ___________________________ Student ID: ___________________________

Address: _____________________________________________________________________

____________________________________________________________________________

Phone#: ___________________________ Email: _______________________________________

Community College Name: ___________________________ Semester (example: Summer 2016): _____________

Number of units you will take at CSUB during the term you are requesting concurrent enrollment: _________________

Number of units you will take at the Community College: ____________________________

Requested Community College course and course number: ____________________________

Equivalent CSUB course and course number: ____________________________

I agree to provide the ISP with proof of my registration at the above college.

Student’s signature: _____________________________________________________________

Office use only

Approved on __________________________ Signature __________________________