**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**

**SIMULTANEOUS ENROLLMENT – UNDERGRADUATES ONLY**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Student ID #</th>
<th>Quarter &amp; Year</th>
</tr>
</thead>
</table>

**List the course constituting special arrangements for a simultaneous enrollment below.**

<table>
<thead>
<tr>
<th>COURSE # (i.e. Eng 101)</th>
<th>CLASS # (10566)</th>
<th>COURSE TITLE (Freshmen Composition)</th>
<th>UNITS</th>
<th>DAYS (MWF)</th>
<th>TIMES (8 – 9:50AM)</th>
</tr>
</thead>
<tbody>
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**Lab/Activity Arrangements:**
__________________________________________________________________________________________________
__________________________________________________________________________________________________
_______________________________________________________________________________________________

**APPROVAL: REQUIRED SIGNATURES FOR ENROLLMENT & SPECIAL ARRANGEMENTS**

- **Class Instructor:** (You are agreeing to these special arrangements and are approving the enrollment.)
  - X ______________________ Date __________  

- **Dept Chair of the Class:** (You are agreeing to these special arrangements and approving the enrollment.)
  - X ______________________ Date __________  

**List the course you are currently enrolled in for which these special arrangements are requested.**

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**Lab/Activity Arrangements:**
__________________________________________________________________________________________________
__________________________________________________________________________________________________
_______________________________________________________________________________________________

**APPROVAL: REQUIRED SIGNATURES FOR SPECIAL ARRANGEMENTS**

- **Class Instructor:** (You acknowledge and are agreeing to these special arrangements.)
  - X ______________________ Date __________  

- **Dept Chair of the Class:** (You acknowledge and are approving these special arrangements)
  - X ______________________ Date __________  

**By signing below, I am confirming that I meet all necessary pre-requisites and am eligible for enrollment in the listed courses above and that I am in agreement with these special arrangements.**

________________________    _________________________    (_________)___________________  
Student Signature                              Date                            Phone #

Please return this completed form to the Office of the Registrar (UH-171) for processing.  
All registration regulations apply.