

Office of Graduate Studies

Simultaneous Enrollment

If a student is registering for classes at CSUSB whose meeting times overlap, a petition for simultaneous enrollment must be completed. Five signatures are required: the student, both instructors, the Graduate Coordinator, and the Dean of Graduate Studies.

Instructions:

- 1. Complete and sign the attached "Simultaneous Enrollment" form.
- 2. Gather the necessary signatures:
 - Instructor for Course #1*
 - Instructor for Course #2*
- 3. Submit the form to your graduate coordinator for review and signature.
- 4. Your graduate coordinator should then send the form to Graduate Studies (gradstud@csusb.edu) for review.
- 5. Once your request has been reviewed, you will receive an email and copy of the form via Adobe Sign. You may download the form for your records. The review process can take up to 7 business days.
- 6. The form will automatically be sent to the Office of the Registrar for final processing and you will be enrolled in the second course.

*Each instructor must sign the form and explain how the course requirements will be met. This explanation should include the student's arrival and departure times and describe how missed work/class time will be made up.

CSUSB Office of Graduate Studies College of Education 356 Phone: (909) 537-5058

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO POSTBACCALAUREATE / GRADUATE PETITION FOR SIMULTANEOUS ENROLLMENT

Name		Date	
Street Address		Telephone	
City, State, Zip		A A A B H	
Compus Empil			
Enrolled in the following degree:			
	Course Overlag	o Information	
Term: Year:			
1. Course #1: Meeting Time:	Days:	Tim	e of Overlap:
Course # and Name:		Clas	ss Schedule #:
Instructor:			
Arrangements: (Explain how the stud	lent will meet the cou	urse requirements a	nd days/times listed above):
2. Course #2: Meeting Time:	Days:	Tim	e of Overlap:
Course # and Name:		Cla	ss Schedule #:
Instructor:			
Arrangements: (Explain how the stud			and days/times listed above):
Both Instructors' Verification (Approval) of S	pecial Arrangements	:	
Instructor Signature (Course #1)		Ins	structor Signature (Course #2)
Student Signature			
Date Graduate Coordinator Sign	ature	Date	Dean of Graduate Studies
Program and Office Gradua gradstud@csusb.e	ate Studies approva du for processing.		