



**APPLICATION FOR CROSS ENROLLMENT  
to the California State University or the University of California**

Complete this form and submit it to the Office of Admissions and Records 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 SOLANO COMMUNITY COLLEGE

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 MI

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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: Units: Instructor  
Course planned at host campus: (Q/Sem) Approval:  
\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Processing fee received \_\_\_\_\_

Cross enrollment approved \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_