

CROSS ENROLLMENT FORM

Host Campus: SONOMA STATE UNIVERSITY

Home Campus Name:

Home Campus ID:

Student Full Name (First and Last Name):	Birthdate (MM/DD/YYYY):	Sonoma State ID:	Gender:
Email:	Phone:	Student Address (Street, City and Zip):	Citizenship status:

Will enrolling in this course change your enrollment status to full time?

Will enrolling in this course affect your financial aid status?

Course Information

Semester:	Course Number:	Section Number:	Permission Number:	Instructor Name:
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Home Certification:

Student meets the following eligibility requirements:

- Is a California resident and cannot possess a bachelor's degree
- Complete at least one term at the home campus as a matriculated student
- Enroll for a minimum of six units at the home campus for the current term
- Earned a grade point average of 2.0 (grade of C) for completed work
- Paid appropriate tuition and fees at home campus for the current term

Signature of staff certifying eligibility _____

Approval email from the instructor: Yes	No
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Official Use only:

Processing fee Received:

Signature

Date: