

**SAN FRANCISCO STATE UNIVERSITY and UNIVERSITY OF CALIFORNIA AT BERKELEY
CROSS REGISTRATION APPLICATION**

(Print) Semester _____ Year _____

Student Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ **Date of Birth** _____
Area Code Number Month Date Year

SFSU Student ID _____ **Major** _____ **Class Level** _____

COURSES TO BE TAKEN AT UC, BERKELEY (Print):

DEPARTMENT	COURSE NO.	DESCRIPTION	UNITS	UCB: INSTRUCTOR NAME
				Signature of UCB Instructor

Date _____
Month Date Year

STUDENT SIGNATURE

INSTRUCTIONS TO STUDENT:

1. Obtain SFSU approval from Faculty Advisor / or Department Chair.
2. Obtain SFSU approval from Registrar, OneStop Student Services Center, SSB 101, Counter.
3. Have application for one class per semester approved by the UCB Instructor (Department Chair when necessary).
4. Have approval of UCB Registrar, Sproul Hall, Room 120.
5. Student must sign and date application.
6. Student must return fully completed copy to SFSU Registrar, OneStop Student Services Center, SSB101, Counter.
7. Student must be matriculated and currently enrolled in a full-time degree program.
8. Student must be in good academic standing.
9. Student must confirm that the desired course is not offered at the Home campus.
10. Student must meet course pre-requisites of the Host campus.
11. Enrollment is subject to space availability and consent of the Instructor of Host campus.
12. Student must pay sufficient fees at the Home campus to cover the number of units being taken at both campuses.
13. No additional registration fees will be required at the Host campus.
14. Student must observe all academic deadlines and regulations of Host campus, including drop / withdrawal deadline and changes to program.
15. Student must notify SFSU Registrar, OneStop Student Services Center, SSB101, at Counter, of any changes to program.
16. The grade and credit earned will be sent to the Home campus.
17. Records of grades are not maintained by the Host campus.
18. Cross-registration students will have use of library facilities, but not eligible for other student services or facilities at the Host campus.

APPROVALS: SAN FRANCISCO STATE UNIVERSITY

SFSU: _____
Faculty Advisor or Department Chair (Print) Signature Date

SFSU: _____
Registrar Name (Print) SFSU Registrar Signature Date

FEES PAID Certification: \$ _____ OR \$ _____
Amount Financial Aid Date

APPROVALS: UNIVERSITY OF CALIFORNIA AT BERKELEY

UCB: _____
Instructor or Department Chair (if required) (Print) Signature Date

UCB: _____
Registrar Name (Print) UCB Registrar Signature Date
Sproul Hall, Room 120, Berkeley, CA 94720

**RETURN COPY OF FULLY APPROVED FORM TO: REGISTRAR San Francisco State University
1600 Holloway Avenue, OneStop Student Services Center, SSB101, San Francisco, CA 94132**