



## Exchange, Semester@CSUMB & NSE Course Enrollment Request Form

International Programs Office | Ph: 831-582-4778 | Fax: 831-582-3314 | [international@csumb.edu](mailto:international@csumb.edu)

|                           |                           |              |                              |
|---------------------------|---------------------------|--------------|------------------------------|
| Student Last/Family Name: | Student First/Given Name: | Student ID#: | Term: <i>(Ex: Fall 2015)</i> |
|---------------------------|---------------------------|--------------|------------------------------|

- F-1 or J-1 visa international undergraduate students are required to register for a minimum of 12 units.
- Students usually take between **12-15 units (3-5 courses)** per semester. Courses should be requested well in advance; some courses require pre-requisites and popular courses fill up quickly.
- The **General Catalog** is an overview of classes that *might* be offered; you must check the **Course schedule** for the specific semester you will be taking courses: <https://csumb.edu/planning/schedule>.
- *Courses should be listed in order of preference. If you are attending CSUMB for more than one semester, only list courses for the upcoming semester. You must include at least 4 alternate courses as we may have to substitute courses that are full. You can request different sections of the same course as alternate courses.*

| COURSES                               | Section | NUMBER | UNITS | Day & Time                       |
|---------------------------------------|---------|--------|-------|----------------------------------|
| EX: BUS 305- Principles of Management | 3       | 21069  | 4     | Tuesday, Thursday 4:00 – 5:50 pm |
|                                       |         |        |       |                                  |
|                                       |         |        |       |                                  |
|                                       |         |        |       |                                  |
|                                       |         |        |       |                                  |
|                                       |         |        |       |                                  |
| ALTERNATE COURSES (4 required)        | Section | NUMBER | UNITS | Day & Time                       |
|                                       |         |        |       |                                  |
|                                       |         |        |       |                                  |
|                                       |         |        |       |                                  |
|                                       |         |        |       |                                  |

|   |  |
|---|--|
| <b>Home Institution/Sponsored Program Coordinator approval</b>  |  |
| <i>Please answer the following question regarding tuition waiver and sign below indicating you have reviewed and approved the courses listed above.</i> |  |
| <b>Student will receive a tuition waiver?</b>   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| Coordinator Signature:  | Date:  |
| Coordinator Name:   | Coordinator Email:   |

**For CSUMB Staff ONLY**

Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_