



Exchange, Semester@CSUMB & NSE Course Enrollment Request Form

International Programs Office | Ph: 831-582-4778 | Fax: 831-582-3314 | international@csumb.edu

Student Last/Family Name:	Student First/Given Name:	Student ID#:	Term:
---------------------------	---------------------------	--------------	-------

- F-1 or J-1 visa international undergraduate students are required to register for a minimum of 12 units.
- Students usually take between **12-16 units (3-5 courses)** per semester. Courses should be requested well in advance; some courses require pre-requisites and popular courses fill up quickly. If a course requires a pre-requisite, it will be listed in the course description. Please carefully read the course description of both the requested course and of any pre-requisites to ensure you are academically prepared. If you have not yet taken a similar course as any pre-requisite listed, you will most likely not be able to take the requested course.
- The **Course schedule** can be found at csumb.edu/schedule. Please make sure you are looking at the correct semester.
- 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. Please include at least 4 alternate courses as we may have to substitute courses that are full. If one of your requested courses is full, but has additional sections open, we may enroll you in those sections in order to ensure your full time enrollment.

COURSES	SECTION	NUMBER	UNITS	DAY & TIME
Example: BUS 199 - Course Name	2	45068	1	Tuesday, Thursday 4:00-5:50pm
ALTERNATE COURSES (4 required)	SECTION	NUMBER	UNITS	DAY & TIME

Please have your home university Advisor or Coordinator sign this form to authorize your registration request.	
By signing below, I confirm that I have reviewed the courses requested and that this student is academically prepared for these courses.	
Advisor/Coordinator Signature:	Date:
Advisor/Coordinator Name:	Advisor/Coordinator Email:

For CSUMB Staff ONLY

Processed by: _____ Date Processed: _____