



University of California
Santa Barbara

SIMULTANEOUS ENROLLMENT APPLICATION

Office of the Registrar
University of California, Santa Barbara
Santa Barbara, CA 93106-2015
Phone: 805-893-3592
FAX: 805-893-2985
<http://www.registrar.ucsb.edu>

Name _____ Date _____
Last First Middle

*Last four digits of SSN# _____ Student ID _____
*This is required information for the proper identification of such student at the host campus.

E-Mail _____ Phone (____) _____

For Term: Fall _____ Winter _____ Spring _____
Year Year Year

Current Level: Freshman Sophomore Junior Senior

Proposed course(s) For The Term					
HOME CAMPUS & DEPT: UCSB,			HOST CAMPUS & DEPT:		
Subject	Course #	Units	Subject	Course #	Units

U.S. Citizenship Status: Citizen Permanent Resident International –Visa Type: _____

List the specific reasons you desire to participate in this program:

Campus Approvals	Signature	Date
International Student Center Home Campus (if International student)		
Home School or College		
Home Registrar's Office: <input type="checkbox"/> Registered min. 8 units <input type="checkbox"/> Paid <input type="checkbox"/> No blocks		
Home Financial Aid		
Host School or College		
Host Campus Registrar		

I hereby certify that I am enrolling in the above named course(s) and agree to abide by the rules and regulations of the Office of the Registrar and University of California.

Student's Signature: _____ Date: _____

