APPLICATION FOR LIMITED ENROLLMENTOffice of the Registrar

SELECT ACTION: L ENROLL AS LIMITED UNDERGRADUATE STUDENT			
L	_ ENROLL AS LIMI	TED GRADUATE STUDEN	Т
Last Name	First Name	Student ID#	Email
Street Address	City	State Zip	Phone No.
Are you a U.S. Citizen? Yes No		Race/Ethnicity (optional):	
Date/ Place of Birth:		Semester you wish to attend Oxy: Summer 2024	
COLLEGES PREVIOU Applicant must furnish tran		Include Oxy, if applicable. received.	
Occidental College Name of Institution		Bachelor of Arts Degree	May 19, 2024 Date Awarded
Name of Institution		Degree	Date Awarded
Course(s) in which you	wish to enroll:		
1. <u>3019</u> CORE	E 200 : Summer R	esearch Program	
CRN Dept./Sub	oj	Title	Instructor Signature
2. CRN Dept./Sub	oj	Title	Instructor Signature
the semester indicated about wish to receive credit in the application for admission beginning of each semester	we and does not admit in the future toward an Occide to regular standing. I as in which I wish to enroll	ne to candidacy for a degre dental degree or recommend dso understand that I must f	ergraduate Student applies only to the from Occidental. In the event I ation for a credential, I will file an file an application form before the mited Undergraduate Student.
Applicant Signature	Date		
			uired: No Registration Fee
Registrar Signature Date		Student Accounts	Date