

APPLICATION FOR LIMITED ENROLLMENT

Office of the Registrar

SELECT ACTION: ENROLL AS LIMITED UNDERGRADUATE STUDENT
 ENROLL AS LIMITED GRADUATE STUDENT

| | | | |
|--|------------|----------------------------------|---------------|
| Last Name | First Name | Middle | Email |
| Street Address | City | State | Zip Phone No. |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Race/Ethnicity (optional): _____ | |

Date/ Place of Birth: _____ Semester you wish to attend Oxy: **Summer 2024**

COLLEGES PREVIOUSLY ATTENDED – Include Oxy, if applicable.
Applicant must furnish transcripts showing degrees received.

| | | |
|---------------------|--------|--------------|
| Name of Institution | Degree | Date Awarded |
| Name of Institution | Degree | Date Awarded |

Course(s) in which you wish to enroll:

| | | | |
|----|------|------------------------------------|----------------------------|
| 1. | 3019 | CORE 200 : Summer Research Program | |
| | CRN | Dept./Subj | Title Instructor Signature |
| 2. | | | |
| | CRN | Dept./Subj | Title Instructor Signature |

I understand that permission to register as a Limited Graduate or Limited Undergraduate Student applies only to the semester indicated above and does not admit me to candidacy for a degree from Occidental. In the event I wish to receive credit in the future toward an Occidental degree or recommendation for a credential, I will file an application for admission to regular standing. I also understand that I must file an application form before the beginning of each semester in which I wish to enroll as a Limited Graduate or Limited Undergraduate Student.

Applicant Signature Date

| | | |
|---------------------|------|---|
| Registrar Signature | Date | Signature not Required: No Registration Fee |
| | | Student Accounts Date |