OCCIDENTAL COLLEGE OFFICE OF THE REGISTRAR

SUMMER REGISTRATION FORM

Name_____ Oxy ID Number _____
Last First Middle

Address _____ Telephone _____

_____ Graduation Year _____

Citizenship _____ Birthdate_____
Name of Country

Email Address _____

Course(s) in which you wish to enroll:

1. _____
Dept/No. Title Units Instructor Signature

2. _____
Dept/No. Title Units Instructor Signature

3. _____
Dept/No. Title Units Instructor Signature

This form must be submitted by the deadline on the summer academic calendar.

If you are registering for an internship or an independent study you will need to complete an additional form and obtain additional signatures required for these courses.

"I understand that permissions to register as a summer student applies only to the courses indicated above and does not admit me to candidacy for a degree or for a teaching credential from Occidental College. 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 to be reviewed by the Committee."

_____ _____
Student Signature Date

_____ _____
Business Office Signature Date

_____ _____
Registrar Signature Date