

CHECKLIST FOR APPLYING FOR ADMISSION AS AN UNDERAGE STUDENT

Date: _____

Student Name: _____

Address: _____

School: _____

Desired Quarter of Enrollment at OCCC: _____

Educational goal at OCCC: _____

FOR ACADEMIC ADVISOR

Indicate the completion date for each of the items required for underage admission.

- _____ 1. Letter of request from student
- _____ 2. Letter of support from student's parent(s) or guardian
- _____ 3. Letter of request from high school counselor

Comments: _____
