



Ohlone College
43600 Mission Blvd. Fremont, CA 94539

Application for Cross Enrollment to the University of California, Berkeley

Home Institution: Ohlone College Host Institution: UC Berkeley

Semester of Cross Enrollment: [ ] Fall [ ] Spring Year: \_\_\_\_\_

If you previously attended UC Berkeley, what was the last semester attended? \_\_\_\_\_

Name: \_\_\_\_\_ Last First M.I.

Ohlone College ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for taking course:

[ ] Course not available at home institution [ ] Complete transfer requirement

[ ] Other: \_\_\_\_\_

I certify the information provided is accurate, and that I have read and understand the eligibility requirements, enrollment conditions, and procedures as stated.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HOME CAMPUS CERTIFICATION

Ohlone College certifies that this student meets cross enrollment eligibility requirements.

Transfer Center Director: Stephanie Ramos sramos@ohlone.edu Date: \_\_\_\_\_

HOST CAMPUS CERTIFICATION

Dept: \_\_\_\_\_ Course #: \_\_\_\_\_ Section #: \_\_\_\_\_ Course Code: \_\_\_\_\_

Units: \_\_\_\_\_ Instructor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

CROSS ENROLLMENT: [ ] Approved [ ] Denied Fee Received: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Please make a copy of this form for yourself before turning it in.\*\*\*