

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

Petition to Graduate / Certificate

We highly recommend that you meet with a Counselor or Advisor prior to submitting a petition.

1. Student Information

Legal Name (will appear on Transcripts): _____

Preferred Name on Diploma: _____

Maiden Name/Other Names: _____

Student ID#: S00 _____ Date of Birth: _____

COS Email: _____ Phone: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Address to Mail Diploma to (if different): _____

City: _____ State: _____ Zip Code: _____

2. Award Information

Semester (check one): Fall Spring Winter Summer Year: _____

Associate Degree with Major in: _____

Associate Degree for Transfer with Major in: _____

Certificate of Achievement / Certificate in: _____

*Do you plan to use prior coursework from another college? Yes No

Colleges: _____

**Official transcripts with final grades must be on file to count toward degree.*

3. Ceremony Information

Do you plan to participate in the May graduation ceremony? Yes No

If yes further information will be sent to you at a later date. Your name will appear in the commencement program and media release unless you change your information to confidential.

Signature: _____ Date: _____

For Office Use Only

Degree Approved: Yes No Within 3 Units Registrar approval _____

GPA: _____ Honors High Honors Degree posted _____

Holds _____ Degree mailed _____

Comments: _____