

# Admissions & Records

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

## Community Education Registration

**DIRECTIONS:** This form can only be used with Community Education courses. If you wish to enroll in other courses you must use the regular registration form. Please call (530) 938-5500 to submit payment.

**Community Education is non- refundable as of the first day of class.**

### Registration Information

Term Registering For: \_\_\_\_\_

#### 1. Personal Information

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ COS Student ID Number: \_\_\_\_\_

#### 2. Current Physical Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

#### 3. Directory Information (AP 5040)

May the College release information regarding your attendance and residence to outside inquiries?

Yes  No

Term: \_\_\_\_\_

**Please list the courses you wish to attend, with CRN (Course Registration Number) and Course**

CRN	Course	Course Title

Term: \_\_\_\_\_

**Please list the courses you wish to attend, with CRN (Course Registration Number) and Course**

CRN	Course	Course Title

I verify that I am responsible for the course choices listed above and that I have read any advisories in the COS Catalog. The information on this application is true and correct to the best of my knowledge. Falsification of any information may result in my dismissal from classes. I acknowledge I am responsible for payment of all fees related to the course(s) above.

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

Date: \_\_\_\_\_

Term:

First Name

Last Name

PLEASE PRINT