College of the Siskiyous * Counseling Services

Articulation Request

STEP 1 - Complete the information below and attach this request to the college catalog for the institution noted below.

STEP 2 - Return completed form to Counseling Services ATT: Bruce Johnston

Student Name _______________________________________________________________
First    Last    MI

Mailing Address _____________________________________________________________
Number     City        State        Zip Code

Email Address _____________________________________________________________

Advisor Name _____________________________________________________________

Articulation requested for:
Institution ___________________________ State ________________
GE ☐
Major ☐ ________________________________

Questions?

For Office Use

Completed By ____________________________
Date _____/_____/ 20____

Source
Catalog ☐ Year of Catalog ______
ASSIST ☐
CAN ☐