



# COS EXTENSION Enrollment/Registration Form

Please use only for Community Education Lifelong Learning Classes!

College of the Siskiyous Enrollment Services

800 College Ave, Weed, CA 96094, 530-938-5555, Toll Free 1-888-397-4339, FAX 530-938-5367

Year

Fall

Summer

Spring

Spring

Summer

Fall

Year

Year

Year

Year

Year

Year

Year

Year

Year

Year

Year

Year

Year

### 1. Social Security Number (Optional)

Call 938-5900 for Student ID (i.e. "S #")

### 2. Legal Name

### 3. Enrollment Status

- 1. First-time I've ever enrolled in college
- 2. First-time COS, previously attended another college
- 3. Returning to COS after an absence of one or more terms
- 4. Continuing from last semester or summer session

### 4. Date of Birth

### 5. Gender

- 1. Male
- 2. Female

### 6. Ethnicity

Are you Hispanic of Latino?  Yes  No  
What is your race/ethnicity? Mark all that apply.

- Mexican, Mexican-American, Chicano
- Central American
- South American
- Hispanic Other
- Asian Indian
- Cambodian
- Chinese
- Filipino
- Japanese
- Korean
- Laotian
- Vietnamese
- Asian Other
- Black or African American
- Americ. Indian/Alaskan Native
- Guamanian
- Hawaiian
- Pacific Islander/Samoan
- Pacific Islander Other
- White

### 7. Citizenship

- 1. US Citizen
- 2. Permanent Resident
- 3. Temporary Resident
- 4. Refugee/Asylee
- 5. Student Visa
- 6. Other

### 8. Educational Goal

- 6. Discover/Formulate Career Interests, Plans, Goals
- 7. Prepare for new Career (acquire job skills)
- 8. Advance in Current Job/Career (update job skills)
- 9. Maintain Certificate or License
- 10. Personal Enrichment
- 11. Improve Basic Skills (English, Reading, or Math)
- 12. Pursue High School Diploma/GED
- 13. Undecided on Goal

### 9. Directory Information

May the College release information regarding your attendance and residence to outside inquiries? This information would include your name, address, phone number, class schedule, and participation in COS activities.

- 1. Yes
- 2. No

### 10. Residency Information

Have you continuously lived in California for the past two years? If no, specify state/country and dates \_\_\_\_\_

Have you voted in another state or registered to vote in another state?  
 yes  no If yes, in what state? \_\_\_\_\_

Have you attended out-of-state college/university as a resident?  
 yes  no

Did you file California State Income Taxes for the past calendar year?  
 yes  no

### 11. Mailing Address

Area Code

### 12. E-Mail Address

### 13. Educational Status

- 1. Non-High School Graduate
- 2. Currently Attending High School or Below/Grade \_\_\_\_\_
- 3. Attending Adult School
- 4. High School Graduate
- 5. Received GED or HS Certificate of Equivalency/Completion
- 6. Received California High School Certificate of Proficiency
- 7. Foreign School Diploma/Certificate
- 8. Associate Degree

### 14. Emergency Contact

Area Code

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

CRN	Course Title

(If you mail check, make out to COS) Total \$ \_\_\_\_\_

I verify that I am responsible for the course choices listed below 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.

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

If you pay by VISA or MC, add number, expiration date & security code

### Office Use Only

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Cash: \$ \_\_\_\_\_ CK#: \_\_\_\_\_

Mail-in: \_\_\_\_\_ Credit Card: \_\_\_\_\_

Notes: \_\_\_\_\_

PLEASE PRINT Name

Mi

First

Last