

Admissions & Records

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

Non Credit Registration Form

DIRECTIONS: Please complete this entire form (incomplete forms cannot be processed.

Check the box to the right of the number if there is no change from last term attended. If more than a year has elapsed since last registration you must complete the entire form. **This form is for Non Credit (500&600 courses) courses only unless approved by the Registrar.**

1. Registration Information

Term Registering For: _____ Last Term Attended: _____
Special Program: _____

2. Personal Information

Last: _____ First: _____ Middle: _____
Preferred Name: _____ Previous Names: _____
Date of Birth: _____ COS Student ID Number: _____

3. Gender / Gender Designation

Male Female Not-Transgender Transgender Decline to State

4. Current Mailing Address

Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

5. Current Physical Address

Check if same as mailing address

Address: _____ City: _____ State: _____ Zip: _____

6. Citizenship

US Citizen Permanent Resident Temporary Resident Refugee/Asylee
 Student Visa Amnesty Other Status

If you did not specify US Citizen, please indicate the following:

Alien Registration Number or Visa Type: _____

Issue Date _____ Expiration Date _____

7. Ethnicity

Asian Chinese Asian Indian Japanese Korean
 Laotian Cambodian Vietnamese Other Asian Black Non-Hispanic
 Filipino Hispanic Mexican, Mexican/American, Chicano Central American
 South American Other Hispanic American Indian/Alaskan Native Pacific Islander
 Samoan Guamanian Hawaiian Other Pacific Islander
 White Non-Hispanic Unknown Decline to State

8. Directory Information (AP 5040)

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

Yes No

9. Educational Level

Non-High School Graduate Received California High School Certificate of Proficiency
 Currently Attending High School or Below; Grade _____ Foreign School Diploma/Certificate
 Attending Adult School Associate Degree
 High School Graduate Bachelor Degree or Higher
 Received GED or HS Certificate of Equivalency/Completion

Date Education Level was obtained: _____

Year:

First:

Name Last:

PLEASE PRINT

10. **Name of Last High School Attended & Graduation Date**

High School: _____ State: _____ Graduation Date: _____

11. **Student Type**

- First time- never attended College
- Continuing from last semester
- K-12 Student (**You Must complete the attached Permit to Register**)
- First time at COS previously attended another college
- Returning to COS after an absence of one or more years

The following information must be answered each term for reporting purposes

12. **Educational Objective for Term**

- Discover career interest/goal
- Prep for new career/job skills
- Advance in career/update job skills
- Educational development
- Improve basic skills
- Maintain certificate/license
- Undecided on goal
- Uncollected/Unreported

13. **Are you on any of the following economic assistance programs?**

- TANF/AFDC/CalWORKs
- General Assistance
- SSI
- None

14. **Are you a single parent with custody of a minor child?**

Yes No

15. **Are you a displaced homemaker?**

Yes No

16. **Are you a migrant worker or child of a migrant worker?**

Yes No

17. **Are you or parent/guardian an honorably discharged Veteran?**

Yes No

Student Military Status

- Currently serving on active duty
- Veteran
- Member of the Active Reserve
- Member of the National Guard

Parent/Guardian Military Status

- Currently serving on active duty
- Veteran
- Member of the Active Reserve
- Member of the National Guard

18. **Are you now or have you ever been in a court-ordered out of home placement such as a foster home, group home or court placement with a relative (AKA Foster youth).** (If Yes answer Status below)

Yes No

- Current in-state
- Current out-of-state system
- Previous in-state
- Previous out-of-state
- Previous temporary status

19. **Are you considered homeless (lacks a fixed, regular and adequate nighttime residence)**

Yes No

20. **Were you subject to any stage of the criminal justice process?**

Yes No

21. **Have you been unemployed for 27 weeks or longer?**

Yes No

22. **Parent/Guardian Educational Level**

Parent/Guardian 1

- Grade 9 or less
- Some high school
- High school graduate
- Some college
- Associate's degree (AA/AS)
- Bachelor's degree (BA/BS)
- Graduate or professional degree
- Not Applicable

Parent/Guardian 2

- Grade 9 or less
- Some high school
- High school graduate
- Some college
- Associate's degree (AA/AS)
- Bachelor's degree (BA/BS)
- Graduate or professional degree
- Not Applicable

One Form Per Semester

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

Office Use Only

Signature

Date