

**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).**

**1. Registration Information**

Term Registering For: \_\_\_\_\_ Last Term Attended: \_\_\_\_\_

**2. Personal Information**

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

Preferred Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

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

**3.  Gender / Gender Designation**

- Male                       Female                       Not-Transgender                       Non-Binary Gender / Not Transgender
- Transgender                       Non-Binary Gender & Transgender                       Decline to State
- Non-Binary Gender & Declined Transgender                       Non-Binary Gender

**4.  Sexual Orientation**

- Straight / Heterosexual                       Gay or Lesbian / Homosexual                       Bisexual
- Other                       Decline to State

**5.  Current Physical Address**

Street: \_\_\_\_\_

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

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

**6.  Citizenship**

- U.S. 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

Year: \_\_\_\_\_  
First: \_\_\_\_\_  
Name Last: \_\_\_\_\_

**PLEASE PRINT**

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 High School Certificate of Equivalency / Completion

Date Education Level was obtained: \_\_\_\_\_

10. **Student Type**

- First Time - Never Attended College
- First Time at COS Previously Attended Another College
- Continuing From Last Semester
- Returning to COS After an Absence of One or More Years

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

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ State: \_\_\_\_\_

**The following information must be answered each term for reporting purposes**

12. **Educational Objective for Term**

- Discover Career Interest / Goal
- Educational Development
- Maintain Certification / License
- Prep for New Career / Job Skills
- Improve Basic Skills
- Undecided on Goal
- Advance in Career / Update Skills
- Uncollected / Unreported

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

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

14. **Are you a single parent with custody of a minor child?**  Yes  No

15. **Are you a displaced homemaker?**  Yes  No

16. **Have you ever been convicted of a crime?**  Yes  No  Decline to state

17. **Have you been unemployed for 27 weeks or longer?**  Yes  No

18. **Do you believe that your cultural beliefs or practices have made it difficult to find employment?**  
 Yes  No

19. **Are you a seasonal farm worker?**  Yes  No

20. **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

21. **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

22. **Are you considered homeless (lack a fixed, regular, and adequate nighttime residence)?**  Yes  No

23. **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

24. **How many legal dependents do you have under 18 years of age?** \_\_\_\_\_

25. **How many legal dependents do you have 18 years of age or older?** \_\_\_\_\_

26. **Were you incarcerated at any time at or after the age of 18?**

- Never Incarcerated
- Currently Incarcerated
- City or County Correctional Facility
- California Department of Corrections & Rehabilitation Correctional Facility
- Out of State Correctional Facility
- U.S. Federal Bureau of Prisons Correctional Facility
- Private Correctional Facility

27. **Were you incarcerated at any time before the age of 18?**

- Never Incarcerated
- County Run Juvenile Hall
- County Run Secure Youth Treatment Facility
- County Run Juvenile Detention Camp
- Private Correctional Facility

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

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

CRN	Course Number	Course Title

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

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

CRN	Course Number	Course Title

I verify that I am responsible for the course(s) listed above and that I have read any advisories in the COS Catalog. I am aware that the above course(s) are college-level and may be more coursework than I have previously undertaken. I also understand that any course taken will go on my official transcript, which is a legal permanent document that I may be asked to present when applying to future institutions or places of employment. The information on this form 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: \_\_\_\_\_