

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 ☐ Previous In-state ☐ Previous Temporary Status
- ☐ Current Out-of-state System ☐ Previous Out-of-state

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
- ☐ 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: _____