

800 College Avenue ~ Weed CA 96094 Phone: (530) 938-5374 ~ Fax: (530) 938-5367 ~ Email: oregon@siskiyous.edu

SOUTHERN OREGON UNIVERSITY EXCHANGE PROGRAM PERMIT REQUEST

Last Name:			First N	Name:		MI:	
Date of Birtl	n:		SSN:				
COS Email:					PI	hone:	
Mailing Add	ress:						
City:				State:		Zip Code:	
O This is m	y first request	O This is a re	equest for renewa	al			
I plan to beg	in at SOU in the:	O Fall	O Winter	O Spring	O Summer	Year:	
Number of tr	ansferable units at	COS.					
Completed:		In Progress: _		GPA:			
Total numbe	r of transferable ur	nits from all othe	r institutions com	npleted:	in pro	ogress:	
	have satisfied the					nd Southern Oregon conditions of the permit as	
Student Signature:			Date:				
		E	Eligibility Req	uirements			
 Must be a California resident. Must not have any COS registration holds. Must not have a bachelor's degree. Must have completed one of the following sets of requirements: a. Complete a minimum of 24 semester units of transfer-level course work at College of the Siskiyous with a cumulative transfer GPA of at least 2.25. or b. Complete a minimum of 24 units of transfer-level course work and receive and complete an Associate degree from College of the Siskiyous with a cumulative transfer GPA of at least 2.00. 							
			Conditions of	of Permit			
admission 2. This perm 3. This perm are met: a. Stude b. Stude c. Exch 4. Any time	n to SOU and meet Sout may be used for unit will remain in effectent remains in good sent follows prescriber ange agreement bet spent at Southern Oregon, i.e., it is	SOU admission re ndergraduate work for the academi standing at SOU; d course of study ween College of the gon University upresumed that study	quirements. rk only. c year as requeste at SOU; he Siskiyous and S under the auspices	d and will be aut Southern Oregon of this permit wil	omatically renewed University remains I not qualify toward	the establishment of	
Patrick Walt	on, Vice President	t, Student Servi	ces			Date	