

**Admissions & Records**

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

**Transcript Evaluation Request**

**Step 1–Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Prior Last Name(s): \_\_\_\_\_

COS Student ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

COS Email: \_\_\_\_\_ @siskiyous.edu

Mailing Address: \_\_\_\_\_  
Street City State Zip

**Step 2-Transcript Information**

You must submit all official transcripts to the Admissions and Records office. **Requests will not be processed until all transcripts are submitted and received and this request form is complete.** Please check all boxes below that apply to you.

- I attended COS **after Fall 1990**
- I attended **another/several** college(s) [Please list below]

- I attended COS **before Fall 1990**

Transcript #1 from: \_\_\_\_\_

Transcript #4 from: \_\_\_\_\_

Transcript #2 from: \_\_\_\_\_

Transcript #5 from: \_\_\_\_\_

Transcript #3 from: \_\_\_\_\_

Transcript #6 from: \_\_\_\_\_

**The information above is correct and complete to the best of my knowledge.**

**I acknowledge that while evaluations are approached in a timely manner, completion time may be impacted by prime registration periods. Incomplete forms will be sent back unevaluated.**

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Submission Date