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OREGON INSTITUTE OF TECHNOLOGY EXCHANGE PROGRAM PERMIT REQUEST

Last Name:		First Name:			MI:	
Date of Birth:			SSN:	Phone		ne:
Res	sidence Address:					
City	y:			State:		Zip Code:
0	This is my first request	O This is a	request for renew	val		
l pla	an to begin at OIT in the:	O Fall	O Winter	O Spring	O Summer	Year:
Number of degree applicable units at COS.		units at COS.(Completed:	In Progre	ess:	GPA:
Нο	w long have you resided in	Siskiyou Count	ty?			
Last High School attended:			Dates of Attendance:			
Ple	ase list two local reference	s who can verif	y your residence	in Siskiyou cou	nty:	
Name:					Phone:	
Address:		City:		Zip Code:		
Name:					Phone:	
Address:			City:		Zip Code:	
Тес	quest permission to particip chnology. I have satisfied th specified below.					and Oregon Institute of he conditions of the permit
Student Signature:					:	
	Eligibility Requirements Must be a California resident. Must not have any COS registration holds. Must have completed one of the following sets of requirements: a. Complete a minimum of 24 semester units of degree applicable course work from COS with an AA cumulative GPA of at least 2.00. or b. Have been a Siskiyou County resident for at least one year.					
1.	Conditions of Permit Issuance of this permit does not guarantee admission to Oregon Institute of Technology. A student must file a separate application for admission to OIT and meet OIT admission requirements.					

- 2. This permit will remain in effect if the following conditions are met:
 - a. Student remains in good standing at OIT;
 - b. Student follows prescribed course of study at OIT;
 - c. Exchange agreement between College of the Siskiyous and Oregon Institute off Technology remains in effect.
- 3. Any time spent at Oregon Institute of Technology under the auspices of this permit will not qualify toward the establishment of residence in Oregon, i.e., it is presumed that students seeking this permit intend to retain their California residency.

O Approved O Disapproved