

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) and in-service (9000) courses only unless approved by the Registrar.**

1. **Registration Information**

Term Registering For: _____ Last Term Attended: _____

2. **Personal Information**

Last: _____ First: _____ Middle: _____

Preferred Name: _____ Previous Names: _____

Date of Birth: _____ COS Student ID Number: _____

3. **Gender / Gender Designation**

Male Female Not-Transgender Transgender Decline to State

4. **Current Mailing Address**

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

5. **Current Physical Address**

Check if same as mailing address

Address: _____ City: _____ State: _____ Zip: _____

6. **Citizenship**

US 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**

<input type="radio"/> Asian	<input type="radio"/> Chinese	<input type="radio"/> Asian Indian	<input type="radio"/> Japanese	<input type="radio"/> Korean
<input type="radio"/> Laotian	<input type="radio"/> Cambodian	<input type="radio"/> Vietnamese	<input type="radio"/> Other Asian	<input type="radio"/> Black Non-Hispanic
<input type="radio"/> Filipino	<input type="radio"/> Hispanic	<input type="radio"/> Mexican, Mexican/American, Chicano	<input type="radio"/> Central American	
<input type="radio"/> South American	<input type="radio"/> Other Hispanic	<input type="radio"/> American Indian/Alaskan Native	<input type="radio"/> Pacific Islander	
<input type="radio"/> Samoan	<input type="radio"/> Guamanian	<input type="radio"/> Hawaiian	<input type="radio"/> Other Pacific Islander	
<input type="radio"/> White Non-Hispanic		<input type="radio"/> Unknown	<input type="radio"/> Decline to State	

8. **Directory Information (AP 5040)**

May the College release information regarding your attendance and residence to outside inquiries?

Yes No

9. **Educational Level**

<input type="radio"/> Non-High School Graduate	<input type="radio"/> Received California High School Certificate of Proficiency
<input type="radio"/> Currently Attending High School or Below; Grade _____	<input type="radio"/> Foreign School Diploma/Certificate
<input type="radio"/> Attending Adult School	<input type="radio"/> Associate Degree
<input type="radio"/> High School Graduate	<input type="radio"/> Bachelor Degree or Higher
<input type="radio"/> Received GED or HS Certificate of Equivalency/Completion	

Date Education Level was obtained: _____

Year:

First:

Name Last:

PLEASE PRINT

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

High School: _____ State: _____ Graduation Date: _____

11. **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
 K-12 Student (**You Must complete the attached Permit to Register**)

The following information must be answered each term for reporting purposes

12. **Educational Objective for Term**

- Discover career interest/goal Educational development Maintain certificate/license
 Prep for new career/job skills Improve basic skills Undecided on goal
 Advance in career/update job 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. **Are you a migrant worker or child of a migrant worker?**

Yes No

17. **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

18. **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

19. **Are you considered homeless (lacks a fixed, regular and adequate nighttime residence)**

Yes No

20. **Were you subject to any stage of the criminal justice process?**

Yes No

21. **Have you been unemployed for 27 weeks or longer?**

Yes No

22. **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

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

CRN	Course Title

I verify that I am responsible for the course choices listed above and that I have read any advisories in the COS Catalog. The information on this application 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