

COS - Non Credit Registration Form

DIRECTIONS: Please complete this entire form (incomplete forms cannot be processed).

Check the box to the left of the number if there is no change from last term attended. If more than a year has elapse 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.**

Year:

Term:

Name:

PLEASE PRINT

1. **Registration Information**

Term Registering For: _____ Last Term Attended: _____

2. **Personal Information**

Last: _____ First: _____ Middle: _____

Preferred Name: _____

Date of Birth: _____ COS Student ID Number: _____

3. **Gender / Gender Designation**

Male Female Not-Transgender Transgender Decline to State

4. **Current Physical Address**

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

5. **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 _____

6. **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

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

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

Yes No

8. **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 HS Certificate of Equivalency/Completion

Date Education Level was obtained: _____

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

High School: _____ Graduation Date: _____

10. Student Type

- First time- never attended College
- Continuing from last semester
- K-12 Student **(You Must complete the attached Permit to Register)**
- First time at COS previously attended another college
- Returning to COS after an absence of one or more years

The following information must be answered each term for reporting purposes

11. Educational Objective for Term

- Discover career interest/goal
- Prep for new career/job skills
- Advance in career/update job skills
- Maintain certificate/license
- Educational development
- Improve basic skills
- Credits for HS diploma/GED
- Undecided on goal
- Move noncredit to credit coursework
- Mtg 4-yr college req-4-yr student
- Uncollected/Unreported

12. Are you on any of the following economic assistance programs?

- TANF/AFDC/CalWORKs
- General Assistance
- SSI
- None

13. Are you a single parent with custody of a minor child?

- Yes
- No

14. Are you a displaced homemaker?

- Yes
- No

15. Are you a migrant worker or child of a migrant worker?

- Yes
- No

16. 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

17. 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)

- Current in-state
- Current out-of-state system
- Previous in-state
- Previous out-of-state
- Yes
- No
- Previous temporary status

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

- Yes
- No

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

- Yes
- No

20. Have you been unemployed for 27 weeks or longer?

- Yes
- No

21. 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
- Not Applicable
- 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

K-12 Students - Special Admission Request

Any student who is attending a traditional K-12 school, high school completion program, or Adult School and is under the age of 23 must complete the information below.

Student's age and grade level on first day of COS course.

Age: _____ Grade Level: _____

Current School: _____

City: _____ State: _____

I hereby authorize COS to share academic (grades, status, GPA, unofficial transcripts) and billing information to the above school.

I hereby authorize COS to share academic (grades, status GPA) and billing information to: _____

The code word we will use for the release of information is: _____

Student Signature: _____ Date: _____

I swear under penalty of perjury that the above information is true and correct.

Parent Signature: _____ Date: _____

I understand that some course topics may not be appropriate for minors. These courses and grades will be recorded on the student's permanent college transcript. I understand that I need a FERPA release on file to access information on my student's College records.

School Official Signature: _____ Date: _____

School Official Name (please print): _____

Phone: _____ Email: _____

I certify that this student will benefit from college level work and I **recommend** him/her for enrollment in the course(s) listed above. **(Education Code 76001-02) FOR SUMMER SESSION:** I certify that I have not recommended for enrollment in non-exempt courses at College of the Siskiyous more than five percent of the total number of pupils who completed the above named student's grade level. **(Education Code 48800)**

STUDENTS AGE 15 and UNDER (as of the first day of the COS semester) - need approval from Counseling Services.

Counseling Signature: _____ Date: _____

Approved Disapproved