

800 College Avenue ~ Weed CA 96094 Telephone 530-938-5374 ~ FAX 530-938-5367

OREGON INSTITUTE OF TECHNOLOGY EXCHANGE PROGRAM PERMIT REQUEST

STUDENT NAME		SSN	BIF	RTHDATE
MAILING ADDRESS				
	Street	City	State 2	Zip phone
1. This is my first reque	est: This is a request for	renewal:		
I plan to begin at OIT	Γ in (circle one): Fall Winte	er Spring Sum	nmer Year: 20	0
2. Number of degree ap	plicable units at COS. Comple	eted: In Pro	gress: (GPA:
3. How long have you r	esided in Siskiyou County?			
4. Please list two local 1	references who can verify your res	sidence in Siskiyou (County:	
(1)				_()
Name	Address	City	Zip	Telephone
				()
Name	Address	City	Zip	Telephone
5. Last High School attended: Dates of Attendance:				:
RESIDENCE ADDRESS				
	Street	City	State	Zip
Student's Signature		Ι	Date	
		ITY REQUIREME	ENTS	
1. Must be a Califor				
	y COS registration holds. eted one of the following sets of re	aniromonts.		
	ete a minimum of 24 semester unit		work from COS wi	th an AA cumulative GPA of at
OR		. 1		
b. Have be	een a Siskiyou County resident for	at least one year.		
4 T C.1:		TIONS OF PERM		
	ermit does not guarantee admissio mission to OIT and meet OIT adn			A student must file a separate
	emain in effect if the following co		•	
a. Student	remains in good standing at OIT;			
	follows prescribed course of study			
	e agreement between College of t			
	Oregon Institute of Technology uregon, i.e., it is presumed that stud			
APPROVED □ DISAP	PROVED □			
Melissa Green Vice President, Student S	Services		Date	
, ice i resident, student s	111113			