



College of the Siskiyou Continuing Education Program

~Community Education Class Offerings~ Registration Information

Avoid the frustration of a canceled class and sign up early!

Most classes are required to have 10-15 fully-paid students enrolled a week before the class starts to allow the class to run. If your class is cancelled, you will receive a refund in the mail. We will attempt to contact all affected students in the case of a cancelled class.

Important: When you register for a course at COS, you will be given a COS student email address. This is how the campus will communicate with you regarding changes to your class, cancellations and other information. Be sure you know how to access this email account and read it regularly or have it forwarded to an email address you do read regularly. More information can be found on the [Student Email Support](#) page.

Registering Online:

Step 1: Apply

- [Complete a COS Web Application](#). If you have already applied to COS and have a student account, skip to Step 2. First-time COS students must submit an Admissions application using CCCApply. Submit the application online and print a copy of the confirmation page for your records. This will give you a CCC ID number. Then you will need to apply to College of the Siskiyou specifically. Within 24 hours, you will receive an email with your College of the Siskiyou Student ID and Username.

Step 2: Register

- Once you receive your email, log into your [mySiskiyou](#) account using your Username and your password. Your password will be your six-digit date of birth in this format MMDDYY (for example: 011585). You will have the option to change it. Log into your [mySiskiyou](#) account and become familiar with your new student account.
- Previous students or students applying for regular admission may register for the class through [mySiskiyou](#) on the home page www.siskiyous.edu. Community Education classes will be found with (X) following the genre of class in the Subject box. Registration assistance is available by calling (530) 938-5500. [mySiskiyou](#) assistance is available by calling (530) 938-5523. Students may also use one of the following methods to register for community education classes.

Complete the fillable [Registration Form](#) (fillable PDF), print and use one of these options:

1. Email form to registration@siskiyous.edu - requires credit card payment information.
2. Fax form to (530) 938-5367 - requires credit card payment information.
3. Mail form to COS Registration, 800 College Avenue, Weed, CA 96094 - credit card or check.
4. Or, take the completed [Registration Form](#) and payment to the Admissions & Records Registration window in the John Mantle Student Center on the Weed Campus or the Yreka Campus Business Office – payment accepted: credit card, cash, or check.



Community Education Class Registration Form

Directions: To be used by Registrar permission only – current information must be online.

College of the Siskiyous Admissions and Records

Weed Campus: 800 College Avenue, Weed, CA 96094 (530) 938-5555 Fax: (530) 938-5367 Email: registration@siskiyous.edu

1. COS S# or SSN: _____

2. Legal Name

Last: _____

First: _____

3. Demographic Information

Date of Birth: _____

Gender: Male Female

4. Mailing Address

Street: _____

City: _____ State: _____

ZIP: _____ Phone: _____

Email: _____

5. Citizenship

- US Citizen Refugee/Asylee (NUSC)
- Permanent Resident (NUSC) Student Visa F1 M1 (NUSC)
- Temporary Resident (NUSC) Other Status (NUSC)

6. Ethnicity – Mark all that apply.

- Asian Mexican / Mex-Am / Chicano
- Chinese Central American
- Asian Indian South American
- Japanese Other Hispanic
- Korean Other Non-White
- Laotian Pacific Islander
- Cambodian Guamanian
- Vietnamese Hawaiian
- Other Asian Samoan
- Black Non-Hispanic Other Pacific Islander
- Filipino White / Non-Hispanic
- Hispanic Declined to state
- American Indian / Alaskan Native

7. Directory Information

May the College release information regarding your attendance and residence to outside inquiries? This information would include your name, address, phone number, class schedule, and participation in COS activities.

Yes No

8. Residency Information

Are you a California Resident? Yes No

Driver's License # _____

State: _____

Do you work for a California law enforcement or Fire agency? Yes No

If yes, City _____ Department.

Length of Time you have lived in CA: _____

Do you intend California to be your permanent home? Yes No

If no, specify state/country and dates:

Have you voted in another state/registered to vote in another state? Yes No

If yes, in what state? _____

Did you file CA State Income Taxes for the past calendar year? Yes No

Students under 19 years old and unmarried, have your parents continuously lived in California? Yes No

If no, when did your parents enter California?



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9. Student Type

- First-time I've ever enrolled in college
- First-time COS, previously attended another college
- Returning to COS after an absence of one or more items
- Continuing from last semester or summer session
- K-12 Special Admit-School _____

10. Educational Goal

- Obtain a Bachelor Degree after earning Associate Degree
- Obtain a Bachelor Degree without earning Associate Degree
- Obtain an Associate Degree (non-transfer)
- Obtain Vocational Associate Degree (non-transfer)
- Obtain Vocational Certificate (non-transfer)
- Advance in Current Job/Career (update job skills)
- Maintain Certificate or License
- Educational Development
- Improve Basic Skills (English, Reading, or Math)
- Undecided on goal

11. Educational Level

- Non-High School Graduate
- Currently Attending High School or Below/Grade: _____
- Attending Adult School
- High School Graduate
- Received GED or HS Certificate of Equivalency/Completion
- Received California High School Certificate of Proficiency
- Foreign School Diploma/Certificate
- Associate Degree
- Bachelor Degree or Higher

12. VTEA Status-please answer:

Are you economically disadvantaged? Yes No

If yes check any of the following economic assistance programs?

- TANF SSI General Assistance
- Single parent with custody of a minor child
- Displaced homemaker
- Registering for Cooperative Work Experience
- Migrant worker or a child of a migrant worker?
- Registering to improve Basic Skills?

13. Are you an honorably discharged Veteran?

Yes No

If yes, Discharge Date _____

Student Military Status

- Currently on active duty
- Veteran
- Member of Active Reserve
- Member of the Nat. Guard

Parent/Guardian Military Status

- Currently on active duty
- Veteran
- Member of Active Reserve
- Member of the Nat. Guard

14. Foster Youth?

Are you a foster youth? Yes No

15. Parent/Guardian Educational Level

Parent/Guardian 1

- Grade 9 or less
- Some High School
- High School Graduate
- Some College
- Associate Degree
- Bachelor's Degree
- Grad or Prof Degree
- Not Applicable

Parent/Guardian 2

- Grade 9 or less
- Some High School
- High School Graduate
- Some College
- Associate Degree
- Bachelor's Degree
- Grad or Profession Degree
- Not Applicable

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

CRN	Course Number

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

Entered by: _____ Date: _____