

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

Petition to Graduate / Certificate

Date: _____

Student Information

Name (Name in COS system will appear on Transcripts/diploma): _____

Maiden Name/Other Names: _____

Student ID#: S00 _____ Date of Birth: _____

COS Email: _____ Phone: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Address to Mail Diploma to (if different): _____

City: _____ State: _____ Zip Code: _____

Semester (check one): Fall Spring Winter Summer Year: _____

Associate Degree with Major in: _____

Associate Degree for Transfer with Major in: _____

Certificate of Achievement in: _____

Certificate in: _____

*Do you plan to use prior coursework from another college? Yes No

Colleges: _____

**Official transcripts with final grades must be on file to count toward degree.*

Commencement Information (For Associate Degree petitioners only)

Do you plan to participate in the May graduation ceremony? Yes No

Are you a Veteran student? Yes No

Do you need accommodations? Yes No

Your name will appear in the commencement program and media release unless you change your information to confidential.

Signature: _____

For Counseling Use Only

For Office Use Only

Degree Approved: Yes No Within 3 Units Registrar approval _____

GPA: _____ Honors High Honors Degree posted _____

Comments _____ Degree mailed _____