

Admissions & Records

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

Transcript Evaluation Request

Step 1–Student Information

Last Name: _____ First Name: _____ Prior Last Name(s): _____

COS Student ID#: _____ DOB: _____ Phone: _____

COS Email: _____ @siskiyous.edu

Mailing Address: _____
Street City State Zip

Step 2-Transcript Information

You must submit all official transcripts to the Admissions and Records office. **Requests will not be processed until all transcripts are submitted and received and this request form is complete.** Please check all boxes below that apply to you.

- I attended COS **after Fall 1990**
- I attended **another/several** college(s) [Please list below]

- I attended COS **before Fall 1990**

Transcript #1 from: _____

Transcript #4 from: _____

Transcript #2 from: _____

Transcript #5 from: _____

Transcript #3 from: _____

Transcript #6 from: _____

Step 3-Evaluation Information

COS Associate Degree or Certificate

Below, input the major you have declared at COS. If you need to change your major, please contact the Counseling Office.

- Associate Degree for Transfer Major: _____
- Associate Degree Major: _____
- COS Certificate Major: _____

COS Nursing Program

- LVN Prerequisites
- LVN to RN Step Up Prerequisites

COS Transfer Program

Please note: Transfer GE for other universities including SOU, Simpson, and National University cannot be evaluated by COS. Contact your university directly to determine what it will accept.

- CSUGE
- IGETC
- Interstate Passport

The information above is correct and complete to the best of my knowledge.

I acknowledge that while evaluations are approached in a timely manner, completion time may be impacted by prime registration periods. Incomplete forms will be sent back unevaluated.

Requestor Signature

Submission Date