*College of the Siskiyous * Counseling Services*

Articulation Request

STEP 1 –Complete the information below and attach this request to the college catalog for the institution noted below.
STEP 2 – Return completed form to Counseling Services ATT: Bruce Johnston

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Today's Date___/___/20___

Student Name_____
First Last MI

Mailing Address_____
Number City State Zip Code

Email Address_____

Advisor Name_____

Articulation requested for:

Institution_____State_____

GE ☐

Major ☐ _____

Questions?

For Office Use

Completed By_____

Date _____/_____/ 20____

Source

Catalog ☐ Year of Catalog _____

ASSIST ☐

CAN ☐