

COLLEGE OF THE SISKIYOU

Enrollment Services

800 College Avenue, Weed CA 96094 * Fax: 530-938-5367 * registration@siskiyous.edu

CHANGE OF STUDENT INFORMATION

Name: _____
Last First MI

Date of Birth: _____ **SID:** S000-_____ **SSN:** _____

Student Signature: _____ **Date:** _____

TYPE OF CHANGE

Please check and complete *only* the sections below, which require correction.

SSN: _____

Name Change _____
Change Name to (Please attach legal documentation)

Local Address Change **Permanent Address Change**

Mailing Address: _____
Street City

State Zip Phone

STUDENT STATUS CHANGE

Please change my status from a K-12 Special Admit to First time enrollment. My anticipated graduation date and school are listed below. I understand I will need to send College of the Siskiyous a copy of my high school transcripts after graduation to complete the process.

High School _____ **Graduation Date** _____

Student Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Processed by:

Date: