STUDENT RECIPROCITY EXCHANGE PERMIT REQUEST

SHASTA COLLEGE TO OREGON INSTITUTE OF TECHNOLOGY

REQUIREMENTS:

- Complete thirty (30) units of CSU transfer level course work with a cumulative GPA of 2.0 or higher at Shasta College.
- Meet all California residency requirements as outlined in Ed Code Section 68062 and Title V Section 54002 and 54020.
- Currently reside within the Shasta-Tehama-Trinity Joint Community College District.
- Satisfy all OIT admission requirements and provide proof of application to OIT.

STUDENT NAME: _____STUDENT ID#_____ BIRTHDATE_____

MAILING ADDRESS_____PHONE:_____

Program of Study at OIT:_____

1. ☐ This is my first request ☐ This is a request for renewal (For students who have a break in attendance at OIT)

I have submitted an application to OIT ☐ Yes ☐ No

I plan to begin at OIT in (pick one): ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: _____

2. Number of units at Shasta College Completed: _____ In Progress: _____

3. Have you resided in California for the past two years? ☐ Yes ☐ No

4. Last high school attended: _____

CURRENT RESIDENCE ADDRESS: _____

I HERBY REQUEST PERMISSION TO PARTICIPATE IN THE STUDENT RECIPROCITY EXCHANGE PROGRAM BETWEEN SHASTA COLLEGE AND OREGON INSTITUTE OF TECHNOLOGY IF GRANTED, I AM AWARE OF THE CONDITION OF THE PERMIT AS SPECIFIED BELOW:

CONDITIONS OF PERMIT

1. Issuance of this permit does not guarantee admission to Oregon Institute of Technology. A student must file a separate application for admissions to OIT and meet OIT admissions requirements.
2. This permit will remain in effect if the following conditions are met.
   a. Student remains in good standing at OIT.
   b. Student follows prescribed course of study at OIT.
   c. Exchange agreement between Shasta College and Oregon Institute of Technology remains in effect.
3. Any time spent at Oregon Institute of Technology under the auspices of this permit will not qualify toward the establishment of residence in Oregon, i.e., it is presumed that students seeking this permit intend to retain their California residency.

_____ _____

Student's Signature Date

ADMISSIONS OFFICE USE ONLY:

Permit: ☐ **Approved** ☐ **Denied** **Signed:**_____**Date:**_____

Shasta College Admissions & Records Office

Student Contacted:_____ Copy to OIT _____

Total SC units_____Transfer units_____Pending Transfer units_____Transfer GPA_____(min 2.0)
Residency_____