STUDENT RECIPROCITY EXCHANGE PERMIT REQUEST

SHASTA COLLEGE TO SOUTHERN OREGON UNIVERSITY

REQUIREMENTS:

- Complete thirty (30) units of CSU transfer level course work with a cumulative GPA of 2.25 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 SOU admission requirements and provide proof of application to SOU.

STUDENT NAME: _____STUDENT ID#_____BIRTHDATE_____

MAILING ADDRESS_____PHONE:_____

Program of Study at SOU_____

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

I have submitted an application to SOU ☐Yes ☐No

I plan to begin at SOU 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 SOUTHERN OREGON UNIVERSITY. 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 Southern Oregon University. A student must file a separate application for admissions to SOU and meet SOU admissions requirements.
2. This permit will remain in effect if the following conditions are met.
   a. Student remains in good standing at SOU.
   b. Student follows prescribed course of study at SOU.
   c. Exchange agreement between Shasta College and Southern Oregon University remains in effect.
3. Any time spent at Southern Oregon University 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 SOU _____

Total SC units_____Transfer units_____Pending Transfer units_____Transfer GPA_____(min 2.25)
Residency_____