

STUDENT DEVELOPMENT TRANSCRIPT PROGRAM



REGISTRATION FORM

*Please complete and return this form to the Office of Student Development (STCN-102)
Office of Student Development
College of the Canyons
26455 Rockwell Canyon Road
Santa Clarita, CA 91355*

REGISTRATION DEADLINE: _____

NOTE: All students must completely fill out this form and submit it to the Office of Student Development (STCN-102) before submitting any Verification Forms.

Print or Type Only

Name: _____ **Date:** _____

COC ID#: _____ **Current Semester & Year:** _____
(Ex. Spring 2003)

Email: _____

Address: _____

City, State, Zip: _____

Phone #: _____

For more information or if you have any questions, please contact Kelly Dapp, Student Development Transcript Advisor at (661) 362-3983, or via email: kelly.dapp@canyons.edu.

For Office Use Only

Date Received: _____

Date Inputted: _____

**OFFICE OF STUDENT DEVELOPMENT
COLLEGE OF THE CANYONS**