

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 Form Deadline: _____

Print or Type Only

Name: _____ **Date:** _____

COC Student ID#: _____ **Current Semester/Year:** _____

Email: _____ **Phone #:** _____

Address: _____

City, State, Zip: _____

*For more information, please contact Kelly Dapp, Student Development Transcript Program Coordinator
At (661) 362-3983, or via email: kelly.dapp@canyons.edu*

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

For Office Use Only

Date Received: _____

Date Inputted: _____

Cur. Enroll. At COC: _____

Prior Reg. Date: _____

Verif. Forms on File: _____