

Add/Drop Form

College of the Siskiyous – Admissions & Records

Weed Campus: 800 College Ave., Weed, CA 96094 (530) 938-5500

Yreka Campus: 2001 Campus Dr., Yreka, CA 96097 (530) 842-1245

FAX: (530) 938-5367

EMAIL: registration@siskiyous.edu

Semester: Fall Winter Intersession Spring Summer **Year:** _____**Student Identification Number S00** _____ **Last Name:** _____**Date of Birth:** _____ **First Name:** _____**Middle Initial:** _____**ENROLLMENT INFORMATION**

I verify that I am responsible for the course choices listed below and that I have read the prerequisites and advisories for these courses in the college catalog. The information I have provided is true and correct.

Student Signature: _____ **Date:** _____

* If you complete this form and send it through your COS email account, it will count as your signature.

CRN	Add Course No.	Units

CRN	Drop Course No.	Units

Complete Withdraw I verify that I am completely withdrawing from all my courses for the above term at College of the Siskiyous.I am withdrawing due to: Financial Military Medical Personal Other

Explain (Optional): _____

 I plan to re-enroll at COS in the next semester I do not plan to ever attend COS again at this time.**Office Use Only****Entered by:** _____ **Date:** _____

Middle Initial: _____

First Name: _____

Last Name: _____

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For K-12 Students

Student’s age & grade level on first day of COS course. Age: _____ Grade Level: _____

Current School: _____

City: _____ State: _____ Zip Code: _____

Student Signature: _____ Date: _____

I swear under penalty of perjury that the above information is true and correct.

Parent Signature: _____ Date: _____

I understand that some course topics may not be appropriate for minors. These courses and grades will be recorded on the student’s permanent college transcript.

School Official Signature: _____ Date: _____

School Official Name (please print) _____ Phone or Email: _____

I certify that this student will benefit from college level work and I **recommend** him/her for enrollment in the course(s) listed above. **(Education Code 76001-02) FOR SUMMER SESSION:** I certify that I have not recommended for enrollment in non-exempt courses at College of the Siskiyous more than five percent of the total number of pupils who completed the above named student’s grade level. **(Education Code 38800)**

STUDENTS AGE 15 AND UNDER (as of the first day of the COS semester) need counselor approval.

COS Counselor: _____ Date: _____

- Approved
- Disapproved

Office Use Only

Entered by: _____ Date: _____