

Semester

- Fall
- Spring
- Summer

Year



ADD/DROP FORM

College of the Siskiyous - Admissions & Records
 Weed Campus: 800 College Avenue, Weed, CA 96094 (530) 938-5555
 Yreka Campus: 2001 Campus Drive, Yreka, CA 96097 (530) 842-1245
FAX (530) 938-5367 **EMAIL** registration@siskiyous.edu

PLEASE PRINT CLEARLY

YOU MUST COMPLETE ALL ITEMS

1. Student Identification Number (Starts with an S)

Date of Birth

2. Legal Name

Last

First

Middle

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.

DROP COURSE NO.		
CRN	COURSE NO.	UNITS

ADD COURSE NO.		
CRN	COURSE NO.	UNITS

Office Use Only

Entered by: _____

Date: _____

PLEASE PRINT Name Last Name First M.I.

Student's age and grade level on first day of COS course: Age: _____ Grade Level: _____

Current School: _____

School

City

State

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. I have read the Release of Records for Minor Students policy on back page.

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 48800)**

STUDENTS AGE 15 and UNDER (as of the first day of the COS semester) need instructor (s) approval.

1. Course #1 COS Instructor **Approved** **Disapproved:** _____ **Date:** _____

2. Course #2 COS Instructor **Approved** **Disapproved:** _____ **Date:** _____