

Semester of Application

Fall

Spring

Summer

Year



LATE ADD PERMIT

College of the Siskiyous

Admissions and Records Office

Weed Campus: 800 College Avenue, Weed, CA 96094 (530) 938-5215

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

PLEASE PRINT CLEARLY

YOU MUST COMPLETE ALL ITEMS

1. COS Student ID:

2. Legal Name

Last

First

Middle

STUDENT COMPLETES THIS SECTION

SECTION NO.	COURSE NO.	TITLE	UNITS	FIRST DAY OF CLASS	LAST DAY OF CLASS
Reason for Late Registration _____					

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 _____

INSTRUCTOR COMPLETES THIS SECTION

Date of first attendance: (Must be prior to Census) _____

Course Census Date: _____

Instructor Signature: _____ Date _____

APPROVAL (After approval by instructor student submits this form to the Instruction Office)

Dean Approval : _____ Date _____

Reason for Approving: _____

Office Use Only

Advisor _____ Date _____ Entered by: _____ Date _____

Name _____ M.I. _____ First _____ Last Name _____

PLEASE PRINT

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 Siskiyou 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 Counselor approval.

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

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