

Admissions & Records

College of the Siskiyous, 800 College Ave., Weed, CA 96094
Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

Add / Drop Form

Semester: Fall Winter Spring Summer Year: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Student ID#: S00 _____ or SSN: _____

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	Authorization Code

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: _____

For K-12 Students

Student's age and 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: _____ **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 nonexempt 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 Counselor approval.

COS Counseling Signature: _____ **Date:** _____

Approved Disapproved