

**Semester of Application**

Fall  
 Spring  
 Summer

Year



**ADD/DROP FORM**

College of the Siskiyous FAX (530) 938-5367  
 Admissions and Records Office  
 Weed Campus: 800 College Avenue, Weed, CA 96094 (530) 938-5555  
 Yreka Campus: 2001 Campus Drive, Yreka, CA 96097 (530) 842-1245

**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 \_\_\_\_\_

SECTION NO.	DROP COURSE NO.	UNITS

SECTION NO.	ADD COURSE NO.	UNITS

**Office Use Only**

Advisor \_\_\_\_\_ Date \_\_\_\_\_ Entered by: \_\_\_\_\_ Date \_\_\_\_\_  
Initials Number

BOGW A B C \_\_\_\_\_ OIT SOU Cash: \_\_\_\_\_ Reconciliation No. \_\_\_\_\_

Name \_\_\_\_\_ M.I. \_\_\_\_\_ First \_\_\_\_\_ Last Name \_\_\_\_\_

**PLEASE PRINT**