### Semester of Application

### 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

<table>
<thead>
<tr>
<th>SECTION NO.</th>
<th>COURSE NO.</th>
<th>TITLE</th>
<th>UNITS</th>
<th>FIRST DAY OF CLASS</th>
<th>LAST DAY OF CLASS</th>
</tr>
</thead>
</table>

*Please Check one. I am adding the above course after census is:*
- [ ] I have been in attendance since the beginning of the class but have not registered  
  Reason: _____________________________________________________
- [ ] I am moving from one level of a subject to another, i.e., ENGL 0950 to ENGL 1001.
- [ ] I am changing from one section to another section of the same course.

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

Entered by: __________________________ Date ________________
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: __________