

Semester of Application

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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:

[Empty box for COS Student ID]

2. Legal Name

Last [Empty box]

First [Empty box]

Middle [Empty box]

STUDENT COMPLETES THIS SECTION

SECTION NO.	COURSE NO.	TITLE	UNITS	FIRST DAY OF CLASS	LAST DAY OF CLASS
<p><i>Please Check one. I am adding the above course after census is:</i></p> <p><input type="checkbox"/> I have been in attendance since the beginning of the class but have not registered</p> <p>Reason: _____</p> <p><input type="checkbox"/> I am moving from one level of a subject to another, i.e., ENGL 0950 to ENGL 1001.</p> <p><input type="checkbox"/> I am changing from one section to another section of the same course.</p> <p>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.</p> <p>Student Signature _____ Date _____</p>					

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 _____

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 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:** _____