

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. Social Security Number

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: _____

Instructor Signature: _____ Date _____

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

Dean Approval : _____ Date _____

Office Use Only

Advisor _____ Date _____ Entered by: _____ Date _____

Permits _____

BOGW A B C _____ OIT SOU Cash: _____ Reconciliation No. _____

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

PLEASE PRINT