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 / Dro	op Form			
O Fall	O Winter	O Spring	O Summer	Year:		
	First Name:			MI:		
		Student ID#:	S00	or SSN:		
			○ Fall ○ Winter ○ Spring First	First Name:	O Fall O Winter O Spring O Summer Year: First Name:	O Fall O Winter O Spring O Summer Year: First Name: MI:

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

Entered by:				Date:		
Office Use Only						
O I plan to re-enroll at COS in the next semester			O I do not plan to ever attend COS again at this time.			
Explain (Optional):						
I am withdrawing due to:	O Financial	O Military	O Medical	O Personal	O Other	
□ I verify that I am completely withdrawing from all my courses for the above term at College of the Siskiyous.						