Admissions & Records College of the Siskiyous, 800 College Ave., Weed, CA 96094 Phone: (530) 938-5500 - Fax: (530) 938-5367 – Email: registration@siskiyous.edu

		Late Add	l Permit	
Semester: o Fall	• Spring	∘ Winter	• Summer	Year:
Student Completes	This Section	on:		
Last Name:		First Name:		MI:
Date of Birth:		Student ID	#: S00	or <b>SSN:</b>
Course Title:				
				Units:
First Day of Course:		Last Day of Course:		
The reason I am adding the above course after census is:				
$\circ$ I have been in attendance since the beginning of the class but have not registered				
	section to and art and end da	other section of ates. <b>urse choices</b>	the same course. *	at I have read the prerequisites n I have provided is true and
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 subm	its this form to	the Office of Acader	nic Affairs.
Dean Signature:				Date:
Reason for Approving:				
For office use only				
Processed By:				Date: