COMPLETE WITHDRAW FORM

Date: ___________ Term: ___________ Year: 20_________ CSI ID#: __________________

Name: ___________________________________________ Signature: ______________________

I am completely withdrawing from all courses in which I am enrolled for the semester indicated above which have not yet been graded. Complete withdrawal from CSI courses may affect student financial aid, academic standing and/or ability to continue in a chosen major. Please see your academic advisor for more information.

This form must be filled out in BLUE or BLACK INK.

COMPLETE WITHDRAW COURSE LIST

<table>
<thead>
<tr>
<th>Course/Lab Number</th>
<th>Course Title</th>
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REASON FOR WITHDRAW (check all that apply)

Health
☐ HB-Health, Personal
☐ HA-Health, Family

Employment/Financial
☐ FA-Found Work
☐ PH-Work Conflicts
☐ FB-No Money

Personal
☐ PA-Change in Marital/Family Status
☐ PB-Child Care Problems
☐ PC-Death in the Family
☐ PD-Family Concerns
☐ PF-Lack of Transportation
☐ M-Moving
☐ LA-Leaving to Serve in the Armed Forces
☐ LC-Leaving to Serve on Church Mission

School
☐ SL-Wasn’t as Expected
☐ SH-Getting Low Grades
☐ AC-Disciplinary Reason
☐ SE-Discouraged by Faculty
☐ SF-Discouraged by Staff
☐ SK-Transfer to Another School

Other
☐ No Reason
☐ Other, Please Specify Below

________________________________________
________________________________________

Financial Aid Advisor’s Signature: ___________________________ Last Date of Attendance in Classes: ________