



Office of the Registrar
 315 Falls Avenue
 PO Box 1328
 Twin Falls, ID 83303-1238
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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	
Course/Lab Number	Course Title

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: _____

Office Use Only

Operator _____ Date _____