



315 Falls Avenue
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Semester: Fall20 Spring20 Summer20 Date: _____

Name: _____ CSI ID#: _____

Withdrawal Reason: _____ Choose code from below

Financial

FA Financial, Found Work
FB Financial, No Money

Personal

PA Change in Marital Status
PB Child Care Problems
PC Death in Family
PD Family Concerns
PE Lack of Interest
PF Lack of Transportation
PG Moving
PH Work Conflicts

School

SE Discouraged by Faculty
SF Discouraged by Staff
SH Getting Low Grades
SK Transfer to Another School
SL Wasn't as Expected

Health

HA Health, Family
HB Health, Personal

Other

OA No Reason
OB Other, Please Specify _____

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 or ability to continue in a chosen major. Please see your advisor for more information.

Student's Signature: _____

Advisor's Signature: _____ Financial Aid Signature: _____

OFFICE USE ONLY

Operator _____ Date _____