



College of Southern Idaho

COMPLETE WITHDRAWAL

315 Falls Avenue

PO Box 1238

Twin Falls ID 83303-1238

Phone: (208) 732-6795 • Fax: (208)736-3014 • Web site:www.csi.edu

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: _____

Financial Aid Signature: _____

Last Date attendance in Classes: _____

OFFICE USE ONLY

Operator

Date