

COLLEGE OF THE SISKIYOU
 ENROLLMENT SERVICES
 800 College Avenue, Weed CA 96094 * Fax: 530-938-5367 * registration@siskiyous.edu

COMPLETE WITHDRAWAL FROM COS

Name: _____ Date of Birth: _____ SID: S000
 Last First Mi

COS E-Mail: _____@ins.siskiyous.edu Phone: _____

Forwarding Contact Information: _____

I am officially withdrawing from all classes at College of the Siskiyous during the
 FALL SPRING SUMMER -Year _____

I am withdrawing due to: Financial Military Medical Personal Other

Explain (Optional): _____

I plan to re-enroll at COS in the next semester.

I do not plan to ever attend COS again at this time.

Student Signature: _____ Date: _____

CRN	COURSE NO. & TITLE	UNITS

*Please note that as per Title IV if you get a **Grant** and then **Withdraw from ALL your classes**, you will owe money back to the federal program.*

FOR OFFICIAL USE

Processed by: _____ Date: _____