COLLEGE OF THE SISKIYOUS ENROLLMENT SERVICES

800 College Avenue, Weed CA 96094 * Fax: 530-938-5367 * registration@siskiyous.edu

COMPLETE WITHDRAWAL			
Name:		Date of Birth:	SID: <u>S000</u>
Last	First	Mi	
COS E-Mail:		@ins.siskiyous.edu Phone: _	
Forwarding Contact Inf	formation:		
I am officially withdra		s at College of the Siskiyous duri	
I am withdrawing due to	o: 🗆 Financial 🗆 Mi	litary □ Medical □ Personal □	Other
Explain (Optional):			
☐ I plan to re-enroll at COS in the next semeste☐ I do not plan to ever attend COS again at this Student Signature:		is time.	
CRN		COURSE NO.	UNITS
Please note that as per T back to the federal progr		rant and then Withdraw from ALL	your classes, you will we mor

FOR OFFICIAL USE

Date:

Processed by: