



## EOPS End of Semester Check-in

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Semester: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please let us know your college plans for next semester (please complete **one** of the options):

**Enrollment for next semester at COS (please check the best option that applies):**

- I **have** enrolled at COS for next semester
- I will enroll at COS for next semester
- I am undecided

**OR**

**I will not enroll for next semester because:**

- I will be attending another two-year college
- I will be attending a four-year college or university
- I will be graduating from COS
- I have completed my educational goal

Two or four-year college I plan to attend: \_\_\_\_\_

**OR**

**I plan to withdraw from COS due to the following:**

- Lack of resources (e.g. financial, childcare, etc.)
- Health-related problems (e.g. illness, pregnancy, etc.)
- Academic difficulties, academic dismissal, lack of progress
- Personal reasons (e.g. moving out of area, seeking employment)
- I have other plans:

Please explain: \_\_\_\_\_

**If we have any questions, we will contact you through your COS email or the phone number listed in mySiskiyous, so please be sure to keep it updated!**

