

Office of the Registrar 315 Falls Avenue PO Box 1328 Twin Falls, ID 83303-1238 Phone: (208) 732-6795 Email:records@csi.edu

ADD/DROP/WITHDRAW

Date:		Year/Term:				
CSI ID#:	Name:	_Name: Signature:				
by the scheduled due date, Southern Idaho may refer the collection agency fee w together with all costs and	, and fail to make acceptable p my delinquent account to a col which may be based on a perce I expenses, including reasonabl	ayment arrangeme llection agency. I fui ntage at a maximui le attorney's fees, n	nts t rthei m of eces	o bring under 33 per sary fo	and owing the College of Southern Idaho g my account current, the College of estand that I am responsible for paying ecent of my delinquent account, or the collection of my delinquent ore of the national credit bureaus.	
	A	DD COURSE (S)				
Course/Lab Number	Course Ti	itle	Cr	AU	Instructor's Signature	
ENGL 101 CO2	English Composition		X		Example	
schedule). Withdrawal will appear on the stud financial aid, academic academic advisor for m	ear on the transcript and is of means the student attempt ent's transcript & no refund standing and/or ability to c	ted the course but is issued. Withdr ontinue in a chose	il the did awa en m	e end o not co Il from najor. I	of the course registration period (see omplete any credit; the grade of 'W' of CSI courses may affect student Please see your financial aid or Complete Withdraw form.	
Course/Lab Number		Course Title				
	Of	ffice Use Only				
Operator Date						