# Course Registration

**NAME:** _____    **CSI ID#:** _____

**SEMESTER:**  ☐ Fall  ☐ Spring  ☐ Summer    **YEAR:** _____

*Last day to add - First Wednesday of the semester, by noon.*
*Last day to drop – First Sunday following the beginning of the semester, by 11:59 pm, via MYCSI.*

## REGISTER COURSE(S)

| Course/Lab Number | Course Title | Cr | Audit ? Mark if yes | Instructor's Signature (For courses that require instructor approval for enrollment) |
|---|---|---|---|---|
| *ENGL 101 C02* | *English Composition* | *3* | ✓ | *Example* |
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## UNREGISTER COURSE(S)

*A dropped course does not show on a student's transcript.*
*If you are withdrawing from a course, you must use a Course Withdraw/Complete Withdraw form.*

| Course/Lab Number | Course Title |
|---|---|
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*Reason for Unregistering*

**Health**
- ☐ Illness
- ☐ Injury
- ☐ Mental health

**Personal**
- ☐ Family commitments
- ☐ Work commitments
- ☐ Lack of support from family and/or friends
- ☐ Leaving for religious mission
- ☐ Leaving for military service
- ☐ Not enough time for schoolwork (time management)

**Employment/Financial**
- ☐ Financial issue (financial strain)
- ☐ Lack of transportation
- ☐ Lack of housing
- ☐ Lack of food
- ☐ Lack of medical care
- ☐ Problems with technology

**School**
- ☐ Difficulty with academic writing/referencing
- ☐ School workload greater than expected (Expected study workload)
- ☐ Poor grades (Assessment)
- ☐ Lack of support from instructors/institution
- ☐ Lack of support from staff
- ☐ Didn't feel I belonged (Negative experience)
- ☐ Books/supplies too expensive
- ☐ Tuition too expensive
- ☐ Courses don't align with career/personal goals
- ☐ Taking classes at another institution

**Student Signature:** _____    **Date:** _____

*CSI Office Use Only*
*Processed by:* _____    *Date:* _____