



Office of the Registrar
 100 Whichard Building
 Phone: (252) 328-1722
 Fax: (252) 328-4232

FOR OFFICE USE ONLY	
TERM (Semester/session & Year) _____	
DATE WITHDRAWAL INITIATED _____	CODE _____
OFFICIAL WITHDRAWAL DATE _____	

APPLICATION FOR SEMESTER/SESSION WITHDRAWAL

(Instructions for form on reverse)

Section 1

Name _____ Student ID Number _____

Permanent Address (*street, city, state, zip*) _____

Phone Number _____

Graduate Student Undergraduate Student

I hereby make application to withdraw from East Carolina University for _____ (semester/session) of _____ (year) for the following reason:

- | | |
|--|---|
| <input type="checkbox"/> A. Personal | <input type="checkbox"/> E. Family Obligations |
| <input type="checkbox"/> B. Health Reasons (If Yes, See Section 2) | <input type="checkbox"/> F. Course Conflict |
| <input type="checkbox"/> C. Financial | <input type="checkbox"/> G. Transferring: To what school? _____ |
| <input type="checkbox"/> D. Employment/Work Conflict | <input type="checkbox"/> H. Other (please specify) _____ |

I AM AM NOT registered for Distance Education courses for the term listed above.
 I DO DO NOT intend to withdraw from the Distance Education courses.

Student's Signature _____ Date _____

Section 2

If this withdrawal is for the reason of health or any physical condition, or upon recommendation of any physician, this application must be signed by the Director of the Student Health Center or the Director of Counseling Center (or designee).

Director of Student Health Center or Center for Counseling and Student Development: _____

OK for Readmission? YES NO

Section 3

Is applicant a veteran? _____ Veteran Affairs Coordinator Signature: _____

Section 4

If any of the following items are checked, appropriate signatures must be obtained in order to clear your accounts before withdrawing:

- | | |
|---|-----------------------------|
| <input type="checkbox"/> A. Financial Aid Officer (Old Cafeteria Building) | _____ |
| <input type="checkbox"/> B. Dining Services (Todd Dining Hall) | _____ |
| <input type="checkbox"/> C. Judicial/Student Conflict Resolution (Mendenhall) | _____ |
| <input type="checkbox"/> D. Other _____ | _____ |
| <input type="checkbox"/> E. Housing (NSO - Fletcher or Aycock) | _____ (must be signed last) |

Section 5

If withdrawal is after the first thirty class days of the semester (10 days of summer session), a student shall receive a grade of passing or failing as deemed appropriate by the course instructors. (WP = Withdraw Passing, WF = Withdraw with a grade of F)

Course _____	Instructor _____	WP / WF _____	Course _____	Instructor _____	WP / WF _____
Course _____	Instructor _____	WP / WF _____	Course _____	Instructor _____	WP / WF _____
Course _____	Instructor _____	WP / WF _____	Course _____	Instructor _____	WP / WF _____

I have examined the statements by the applicant and the officials concerned and I hereby approve the request for permission to withdraw from East Carolina University from the aforementioned semester/session, subject to all academic regulations pertaining to the applicant as of this date.

APPROVED, Office of the Registrar _____ Date: _____