



Academic Services – Office of the Registrar
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 Greenville, NC 27858-4353
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FOR OFFICE USE ONLY	
TERM (Semester/Session & Year) _____	
DATE WITHDRAWAL INITIATED _____	CODE _____
OFFICIAL WITHDRAWAL DATE _____	

OFFICIAL WITHDRAWAL FORM

Section 1

Full Name _____ Banner ID Number _____
 Permanent Address (street, city, state, zip) _____
 Phone Number _____ ECU Email _____ Date of Birth _____
 Graduate Student Undergraduate Student

Withdrawing from (circle all that apply): Fall Spring Summer I 11-Week Session Summer II 20____

Last day of class attendance/participation: _____

Section 2 (Transferring students complete Section 3)

Listed below are a number of reasons why a student might withdraw from college. Please rank your top three (3) reasons, with 1 being the most important and 3 being the least. Please only mark three (3) reasons.

Reason	Rank
1. Personal	
2. Medical/Health problems (see Section 4)	
3. Financial – Tuition/Financial Aid	
4. Employment/Work Conflict	
5. Family Obligations	

Reason	Rank
6. Experiencing academic problems	
7. Military	
8. Change of major	
9. Dissatisfied with ECU	
10. Other	

Section 3 (To be completed by Transferring students ONLY)

College/University to which you are transferring: _____

Listed below are a number of reasons why a student might choose to transfer to another institution. Please rank your top two (2) reasons, with 1 being the most important. Please only mark two (2) reasons.

Reason	Rank
1. Chosen degree program not offered	
2. Financial – Tuition/Financial Aid	
3. Dissatisfied with ECU (academically)	

Reason	Rank
4. Not adjusting well to ECU	
5. Medical/Health problems (see Section 4)	
6. Other	

Are you a Honor student? _____ YES _____ NO

Section 4

If this withdrawal is due to medical or psychological-related conditions, or upon the recommendation of any physician, this application must be signed by the Director of Student Health Center or the Director of Counseling Center (or designee).

Director of Student Health Center or Director of Counseling Center (or designee) _____

OK for Readmission? _____ YES _____ NO

CONTINUED ON BACK

Section 5

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

- _____ A. Financial Aid Officer (Old Cafeteria Building) _____
- _____ B. Housing (Neighborhood Service Office) _____
- _____ C. Dining Services (O14 Jones Hall) _____
- _____ D. Judicial/Student Rights & Responsibilities (MSC) _____
- _____ E. Veteran Affairs Coordinator (102 Whichard) _____
- _____ F. Other _____

Section 6

If a withdrawal is after the first forty (40) days of the semester (15 days of summer session), you will receive a grade of passing or failing as deemed appropriate by your 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 _____

Section 7

I hereby request a withdrawal from East Carolina University for the term indicated in Section 1.

Student's Signature _____ Date _____

Section 8

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 term, subject to all academic regulations pertaining to the applicant as of this date.

Academic Services _____ Date _____

APPROVED, Office of the Registrar _____ Date _____

INSTRUCTIONS

This application for withdrawal must be signed by all offices or persons indicated, and the completed application must be delivered by the student to Academic Services prior to the last day of classes of the semester/session for which the withdrawal is requested. A withdrawal will not be official until the form is completed and returned.

The following procedures should be followed when completing this form:

1. The student requesting a withdrawal must complete **Sections 1 & 2** entirely (Section 3 for students transferring to another higher education institution). The student's signature **must** appear in **Section 7** on the form, or the form is not considered complete.
2. **Section 5** will be marked by Academic Services indicating which signatures must be obtained.
3. If a withdrawal is after the first forty (40) days of fall or spring semester, or first fifteen (15) days of a summer session, the student will receive either a passing or failing grade. Each course instructor must sign the form in **Section 6** and either circle WP (withdraw passing) or WF (withdraw failing).
4. The form with all signatures must be returned to Academic Services in order for the withdrawal to be processed and become part of the student's academic record.