



Center for Academic Services  
 100 Whichard Building  
 Greenville, NC 27858-4353  
 Phone: (252) 328-6077  
 Fax: (252) 328-1505

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 one) Fall Spring Summer Session I Summer Session II 20\_\_\_\_  
 Last day of class attendance: \_\_\_\_\_  
 Returning for: (circle one) Fall Spring Summer Session I Summer Session II 20\_\_\_\_ Not returning

### Section 2

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.

Reasons	Rank
1. Experiencing academic problems	
2. I want a break from my studies (time off, travel, vacation, etc.)	
3. Decided to change my major	
4. Dissatisfied with quality of the academic atmosphere	
5. Family/Personal emergency - needed to return home	
6. Financial - Tuition/Financial Aid	
7. Medical/Health problem(s)	
8. Experiencing emotional problems	
9. Paternity, maternity, or family change	
10. Serving in the Armed Forces	
11. Employment/Work conflict	
12. Transferring to another higher education institution	
13. Want to be closer to home/family	
14. Personal - I'd prefer not to say	

### Section 3

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).

Jolene Jernigan, Director of Student Health Center (or designee) \_\_\_\_\_

Dr. Valerie Kisler-van Reede, Director of Counseling Center (or designee) \_\_\_\_\_

OK for Readmission? \_\_\_\_\_ YES \_\_\_\_\_ NO

**CONTINUED ON BACK**

**Section 4**

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 (Todd Dining or West End) \_\_\_\_\_
- \_\_\_\_\_ C. Dining Services (Jones Hall) \_\_\_\_\_
- \_\_\_\_\_ D. Judicial/Student Rights & Responsibilities (MSC) \_\_\_\_\_
- \_\_\_\_\_ E. Veteran Affairs Coordinator (102 Whichard) \_\_\_\_\_
- \_\_\_\_\_ F. Other \_\_\_\_\_

**Section 5**

If a withdrawal is after the first thirty (30) days of the semester (10 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 6**

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 7**

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.

Center for Academic Services \_\_\_\_\_ Date \_\_\_\_\_

APPROVED, Office of the Registrar \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS**

This form is required for an official withdrawal by a student. It insures that the student's record is current and in order.

This application for withdrawal must be signed by all offices or persons indicated, and the completed application must be delivered by the student to the Center for 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. The student's signature **must** appear in **Section 6** on the form, or the form is not considered complete.
2. **Sections 3 & 4** will be marked by the Center for Academic Services indicating which signatures must be obtained.
3. If a withdrawal is after the first thirty (30) days of fall or spring semester, or first ten (10) days of a summer session, the student will receive either a passing or failing grade. Each course instructor must sign the form in **Section 5** and either circle WP (withdraw passing) or WF (withdraw failing).
4. The form with all signatures must be returned to the Center for Academic Services in order for the withdrawal to be processed and become part of the student's academic record.