

Request to Withdraw from All Classes

Date received by Student Service Center. (Refunds and financial aid will be determined by this date.)

Information must be printed or typed in black or blue ink. (Penciled forms will not be accepted.)

Today's Date: Last Name			_ Semester:	Academic Program:			
			First Name		M.I		M.I
Student	ID:		Home Location:	_UnionRolla	_ Sullivan	_ Washington _	Warrenton
Street Address:			City:_		State:	: Zip:	
Home Phone:			Cell Phone:	Eı	mail:		
Cha Lac Trai Not Not	for withdrawing in employmak of educational insitioning back academically properties.	nent schedul goal to workforce repared for c 'echnology	eHealthHad to eMovin collegeMilitar	get a job g from area ry requirements al or family stress	Lack of Financi	sfied with classe financial aid al Concerns tess to Technolo	-
<u>Dept</u>	Course #	Section	Course Title				
.							
	red Signatures						
enrollmen	t may affect one or mo	ore of the followi	n a timely manner may result in a ng: Scholarship, federal grant sta nce • Other enrollment-based sta	tus, or availability of other	financial aid status	 Co- or pre- requisit 	hanges in e status for other
Advisor si	or:gnature indicates only	that student has	been aware of effects this petition	Date_ n may have on his/her ECC	academic program	<u> </u>	
Financ	ial Aid Office:			_ Date		_	
Busine (When app	ss Office:	be given a copy	of their outstanding account balan	Date			

Submit completed form to Student Service Center, East Central College, 1964 Prairie Dell Road, Union, MO 63084. Students who submit completed form prior to the withdrawal deadline printed in the course schedule will receive a W grade. Summer dates are prorated.