



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: _____ Semester: _____

Student ID: _____ Academic Program: _____

Last Name _____ First Name _____ MI _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Reason for withdrawing:

- Employment
- Financial
- Health
- Military
- Moving
- Other _____

Comments: _____

Dept	Course #	Section	Course Title

Required Signatures:

Student: _____ Date _____

Student understands failure to submit this form in a timely manner may result in an administrative withdrawal or failing grade. Student understands changes in enrollment may affect one or more of the following: Scholarship, federal grant status, or availability of other financial aid status • Co- or pre- requisite status for other courses • Program length • Private health insurance • Other enrollment-based status either contracted with the East Central College or third party

Advisor: _____ Date _____

Advisor signature indicates only that student has been aware of effects this petition may have on his/her ECC academic program.

Financial Aid Office: _____ Date _____

Business Office: _____ Date _____

(When appropriate, student will be given a copy of their outstanding account balance.)

Students who submit completed form prior to the withdrawal deadline on the academic calendar will receive a W grade. Summer and late start class withdrawal dates are prorated.