EAST CENTRAL COLLEGE

Request to Withdraw from All Classes

Information must be printed in black or blue ink. (Pencil 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   ❑ Moving   ❑ Military   ❑ Financial   ❑ Health   ❑ COVID

❑ 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.