EASTERN CONNECTICUT STATE UNIVERSITY
UNDERGRADUATE WITHDRAWAL FORM

(IN ORDER TO PROCESS WITHDRAWAL I.D. MUST BE TURNED IN)

<table>
<thead>
<tr>
<th>Are you attending Part-time?</th>
<th>____Yes</th>
<th>____No</th>
<th>How many credits are you registered for?</th>
</tr>
</thead>
</table>

PART-TIME STUDENTS COMPLETE AND SUBMIT TO SCHOOL OF CONTINUING EDUCATION
FULL-TIME STUDENTS COMPLETE AND SUBMIT TO THE ADVISING CENTER

- Students must complete, provide appropriate justification, sign, and date form and surrender their student identification card.
- Students must read, sign, and date the Undergraduate Withdrawal/Refund Policy on the other side of this form.
- The withdrawal request will not be processed if this form is not received prior to the end of classes.
- A letter confirming the withdrawal from the University will be mailed to the student and copies sent to the Registrar’s Office and the Card Services Office within 48 hours.
- Student must apply for readmission through the Admission’s Office if student wants to matriculate at Eastern Connecticut State University in the future.

(Please Print)
Circle class standing at time of withdrawal: Freshmen Sophomore Junior Senior

NAME________________STUDENT I.D. # ______________________

HOME ADDRESS_________________________________________________________________________________

TELEPHONE #_______________________

Semester you began attending Eastern_______________________________

1. Which semester are you withdrawing from? ______________________________

2. Are you receiving financial aid from the University? _____Yes _____No
   If yes, what type(s) of aid are you receiving?
   _____ Grants _____ Loans _____ Work Study _____ Other _____________________________

3. Do you reside in on-campus housing? _____Yes _____No
   If yes, what is your address? ________________________________

4. Are you on the University’s meal plan? _____Yes _____No

5. Are Parent(s)/Guardian(s) aware of your decision to withdraw from the University? _____Yes _____No _____N/A

REASON(S) FOR WITHDRAWAL

____ Transfer ________________________________ (college/university you intend to transfer to)

____ Medical Is this a permanent disability? _____yes _____no

____ Military/Other

____ Military Activation (must contact the Veterans Affairs Office)

____ Financial

____ Employment

____ Completed Academic Goals

____ Other ________________________________

OVER
REFUND POLICY

FULL-TIME STUDENTS:
The date indicated on the official Withdrawal Form filed with the Bursar will be the financial withdrawal date. Tuition, State University Fee, University General Fee, Student Activity Fee, Technology Fee, and the balance of housing rates are refunded according to the current University and/or Federal refund policies.

The refund schedule is based on a standard semester. A refund for courses that do not fall within the regular schedule will be prorated in the same proportion as above. The board charge is refundable upon withdrawal from the University on a prorated basis. Full weeks will be used to prorate. No refund of either the housing or board charge is made for weekend absences or meals missed. The University reserves the right to apply a refund to outstanding financial obligations. In cases where the student is on financial aid (including student and parent loans), refunds will be restored first to financial aid programs from which the student received assistance. Any remaining balance will then be paid to the student. Normally, six weeks are required to process the refund. NOTE: The Sickness Insurance Fee is not refundable.

Refunds, if any, will be calculated on the basis of the FINANCIAL WITHDRAWAL DATE listed below, according to the current refund policy. Students should not expect refund proceeds, if any, to reach them earlier than six weeks from the DECISION DATE. Students are reminded that balances due, if any, as indicated above, beside the Cashier reference, include items known at the time this request was processed.

My signature below indicates that I have read the refund policy and all information provided on this form is true and accurate to the best of my knowledge.

Student’s Signature ___________________________ Date ___________________________

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FOR ADVISING CENTER and SCHOOL OF CONTINUING EDUCATION USE ONLY
DO NOT WRITE BELOW THIS LINE

Did student submit I.D. card? ____Yes ____ No If no, record reason in comments section.
Amount owed University based on Cashier’s screen __________________ Date form mailed or faxed __________
List type of Financial Aid of Applicant _________________________________
Clearance completed by: __________________________ In Person _____ Telephone ___ Letter ____FAX AC/SCE
General Comments: ___________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Withdrawal Date ___________________________ Director of Advising Center
Dean, School of Continuing Education

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BURSAR’S OFFICE CLEARANCE

_____________________________________________ ___________________________________
BURSAR’S OFFICE Date

Comments: ___________________________________________________________________
_____________________________________________________________________________________

Distribution List:
AC Secretary ___ Admissions ___ Athletic Director, Sports Center ___ Book ___ Card Services (I.D.) ___ Cashier ___
Financial Aid ___ Housing ___ Library ___ Registrar _______ Student ___ Student’s File ___ Veterans Affairs

Rev.: 2/21/14