

EASTERN CONNECTICUT STATE UNIVERSITY

83 WINDHAM STREET • WILLIMANTIC, CONNECTICUT 06226 • 860-465-5000

Withdrawal from University – Graduate Division

1. Please provide the following information:

Full Name:			
(Please include first, middle, last, and all former names.)			
Full Permanent Mailing Address:			
Eastern Student ID#: Date of Birth:			
Email:	Phone:		
2. Program (Check One): OM: ACC: If Education, which program/endorsement area?			
3. Why are you withdrawing?			
Your offootive withdrawel data (competer/weer)			
Your effective withdrawal date (semester/year):			

N.B. If you receive financial aid, please speak with a financial aid staff member about the impact withdrawal on the current term's financial aid, and your future eligibility for financial aid, before you withdraw.

Signature:	 	
Date:		

Submit this fully completed form to the Graduate Division, Webb Hall 160.

cc: Registrar's Office