EASTERN CONNECTICUT STATE UNIVERSITY
REGISTRAR'S OFFICE • ALVIN B. WOOD SUPPORT SERVICES CENTER
83 Windham Street • Willimantic, CT 06226 • Office: (860) 465-5224 Fax: (860) 465-4382

Withdrawal From Course Form

(Submit to Registrar's Office once completed)

Undergraduate Course Withdrawal Policy: The withdrawal form requires the signature of the student's academic advisor. The "W" grade will be recorded on the student's permanent transcript but will not be used in calculating the grade point average. Due to immigration regulations international students should consult with the coordinator of international programs prior to withdrawing from a course. It is the student's responsibility to return the completed form to the Registrar's Office.

Graduate Course Withdrawal Policy: Students who find it impossible to continue study in a course may withdraw in consultation with their advisor and the Dean of Education and Professional Studies. In such instances the student is given a grade of "W".

Withdrawing from a course does not change your enrollment status. However, it may affect a student's eligibility for financial aid, participation in intercollegiate athletics, health insurance, etc. If you receive financial aid, please speak with a financial aid staff member about the impact of withdrawal on the current term's financial aid, and your future eligibility for financial aid, before you withdraw.

Student Section:

Name _____ Eastern ID # _____
Last First M.I.

Class: ☐ FR ☐ SO ☐ JR ☐ SR Major: _____ Semester/Year: _____

☐ Graduate Student Phone Number: _____

Course: _____
Subject / Course No. / Section No. / Title

_____ _____
Instructor's Name Credit Hours

Reason for Course Withdrawal: _____

_____

Student's Signature _____ Date _____
(Print and Sign)

Advisor/Coordinator Section: (Undergraduate and Graduate Courses)

My signature below confirms that the above named student has consulted with me regarding the implications of withdrawing from this course.

Faculty Advisor's Signature _____ Date _____

International Program Coordinator Signature _____ Date _____

Graduate Section: (Graduate Courses)

Dean's Approval _____ Date _____

For Office Use Only:

Processing Date _____ Signature _____