



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: _____ Ed Tech: _____ Education: _____

If Education, which program/endorsement area? _____

3. Why are you withdrawing? _____

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

