

Date received by SSC.  
(Refunds and financial aid will be determined by this date.)

## Request to Withdraw from All Classes

Information must be printed in black or blue ink. (Pencil forms will not be accepted.)

Today's Date \_\_\_\_\_ Student ID: \_\_\_\_\_ Semester \_\_\_\_\_ Academic Program \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Semester of Return \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Reason for withdrawing:

Academic - Performance      Change Pathway      Dissatisfaction with Courses      Employment  
 Family      Financial      Health      Military      Moving      Transportation

Other \_\_\_\_\_ Comments: \_\_\_\_\_

| <u>Dept</u> | <u>Course #</u> | <u>Section</u> | <u>Course Title</u> |
|-------------|-----------------|----------------|---------------------|
|             |                 |                |                     |
|             |                 |                |                     |
|             |                 |                |                     |
|             |                 |                |                     |
|             |                 |                |                     |
|             |                 |                |                     |
|             |                 |                |                     |

\*\*\*\* see second page for additional courses if needed \*\*\*\*

### 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

Retention Staff: \_\_\_\_\_ Date \_\_\_\_\_

Retention Staff signature indicates only that the student has been coached on their success resources and potential options for support

Financial Aid Office: \_\_\_\_\_ Date \_\_\_\_\_

Advisor: \_\_\_\_\_ Date \_\_\_\_\_

Advisor signature indicates only that the student has been explained the impact this petition may have on his/her ECC academic program.

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.



| Dept. | Course # | Section | Credits | Course Title |
|-------|----------|---------|---------|--------------|
|       |          |         |         |              |
|       |          |         |         |              |
|       |          |         |         |              |
|       |          |         |         |              |
|       |          |         |         |              |
|       |          |         |         |              |
|       |          |         |         |              |
|       |          |         |         |              |

Student Initials \_\_\_\_\_ Date \_\_\_\_\_

Advisor Initials \_\_\_\_\_ Date \_\_\_\_\_