

EAST TENNESSEE STATE UNIVERSITY
Request for Withdrawal Form

I. PROCEDURES

Note: deadline dates for Withdrawal with Dean Permission - see academic calendar: <https://www.etsu.edu/ehome/academicdates/>

- A. Student initiates process by obtaining request form from the Record's Office, Burgin E. Dossett Hall, room 101.
- B. Student presents completed request (including instructor input) and documentation to the dean of major or his/her designee for review.
- C. The dean or designee may request a conference with the student to discuss this request.
- D. Dean approves or disapproves the request, notifies student, and (if approving) completes the form which is valid for three working days after the date of the dean's approval.
- E. Dean's Office will email form to the Record's Office at records@etsu.edu.
- F. **Students should continue attending class and submitting coursework while awaiting the Dean's decision.**

II. STUDENT COMPLETES THIS SECTION

Student's Name: _____ Date: _____
Last First

Student E Number: _____ Major: _____ Cum GPA _____

Total Credits Currently Enrolled: _____ Classification: Fr. So. Jr. Sr. Gr.

Phone Number: _____ Email: _____

Permission is being sought to drop: _____ Instructor: _____
Subject Course Section

Currently enrolled in the following other courses:

Subject Course Section	Subject Course Section	Subject Course Section
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Subject Course Section	Subject Course Section	Subject Course Section
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If you receive financial aid or Veteran's benefits, list all types you receive:

III. STUDENT SECTION – CONTINUED

EXTENUATING CIRCUMSTANCES WHICH JUSTIFY WITHDRAWAL REQUEST

(Attach appropriate documentation or give name of individual who can verify circumstances – i.e., physician, employer, etc. If your reasons are of a very personal nature, you may wish to state those reasons verbally to the dean or designee.) Poor performance in a course is not an extenuating circumstance.

Additional information: Have you discussed your situation with the course instructor?

When? _____

Have you attended class regularly? _____ Have you taken all regularly scheduled exams? _____

Have you discussed your situation with your academic advisor? _____ What are your exam/project grades? _____

What is your advisor's name? _____

The above statements are true and accurate to the best of my knowledge.

Signed: _____
Student's signature Date

IV. FOR INSTRUCTOR'S USE

Has the student discussed his/her performance in the course with you, with a view toward completion of the course? _____

Has the student's attendance record been satisfactory? _____

At this point, what is the student's grade in the course? _____

ADDITIONAL COMMENTS: _____

Signed: _____
Instructor's signature Date

V. FOR DEAN'S USE

If withdrawal is approved, complete below.

Approved _____ Disapproved _____ Grade Assigned W WF (Check One)

Signature _____ Date: _____

WITHDRAWAL REQUESTS SHOULD BE DIRECTED TO THE FOLLOWING:

UNDECLARED (or Academic Focus Area) STUDENTS	Dr. Stacy Onks 212 Carrier Center (D.P. Culp Center)	423-439-5244
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COLLEGE OF ARTS AND SCIENCES	Dr. Martha Michieka or Designee 222-N Carrier Center (D.P. Culp Center)	423-439-6945
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COLLEGE OF BUSINESS AND TECHNOLOGY	Dr. Jill Hayter 213 Sam Wilson Hall	423-439-6984
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CLEMMER COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT	Crystal Johnson 201 Warf-Pickel Hall	423-439-7628
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COLLEGE OF HEALTH SCIENCES	Ali Williams 474 Lamb Hall	423-439-5052
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COLLEGE OF NURSING	Dr. Whitney Tisdale 2-230 Roy S. Nicks Hall	423-439-4578
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COLLEGE OF PUBLIC HEALTH	Dr. Taylor Dula 252 Lamb Hall	423-439-4826
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GRADUATE SCHOOL <i>(all graduate level students)</i>	Dr. Karin Bartoszuk 355 Sherrod Library	423-439-4221
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