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
Subject	Course	Section	Subject	Course	Section	Subject	Course	Section

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
COLLEGE OF ARTS AND SCIENCES	**Dr. Martha Michieka or Designee** 222-N Carrier Center (D.P. Culp Center)	423-439-6945
COLLEGE OF BUSINESS AND TECHNOLOGY	**Dr. Jill Hayter** 213 Sam Wilson Hall	423-439-6984
CLEMMER COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT	**Ms. Kelly Mitchell or Designee** 322 Nell Jennings Dossett Hall	423-439-7628
COLLEGE OF HEALTH SCIENCES	**Ali Williams** 489 Lamb Hall	423-439-5052
COLLEGE OF NURSING	**Dr. Whitney Tisdale** 2-230 Roy S. Nicks Hall	423-439-4578
COLLEGE OF PUBLIC HEALTH	**Dr. Taylor Dula** 252 Lamb Hall	423-439-4826
GRADUATE SCHOOL ***(all graduate level students)***	**Dr. Karin Bartoszuk** 311 Yoakley Hall	423-439-4221