# 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 N	ame:								Date:		
		Last			First						
Student E	Number:			Major:					Cum GPA		
Total Credits Currently Enrolled:				Classification:	Fr.	So.	Jr.	Sr.			
Phone Nu	mber:				Email:						
Permission	Permission is being sought to drop:						Instruc	ctor:			
			Dept.		Course	Section					
Currently er	nrolled in the	following oth	er courses:								
Dept.	Course	Section	-	Dept.	Course	Section	_	_	Dept.	Course	Section
Dept.	Course	Section	_	Dept.	Course	Section		=	Dept.	Course	Section

## III. STUDENT SECTION – CONTINUED

## EXTENUATING CIRCUMSTANCES WHICH JUSTIFY WITHDRAWAL REQUEST

	, personal nature, you may w	on or give name of individual w ish to state those reasons verba	lly to the dean or designee	.)		
Add	litional information: Have you	discussed your situation with the	ne course instructor?			
Wh	en?					
Hav	e you attended class regularly	/?	Have you taken a	ıll regularly sch	neduled exams? _	
Hav	e you discussed your situation	n with your academic advisor? _	What are	e your exam/p	oroject grades? _	
Wh	at is your advisor's name?					
		The above statements are t	rue and accurate to the be	st of my know	ledge.	
		Signed:	Student's signature			Date
IV.	FOR INSTRUCTOR'S USE Has the student discussed h	is/her performance in the cours	e with you, with a view tov	vard completio	on of the course?	
	Has the student's attendance	e record been satisfactory?				
	At this point, what is the stu	dent's grade in the course?				
	ADDITIONAL COMMENTS: _					
	Signed:					
		Instructor's signatu	ure			Date
	FOR DEAN'S USE					
	If withdrawal is approved, co	mplete 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	<b>Dr. Stacy Onks</b> 212 Carrier Center (D.P. Culp Center)	423-439-5244
COLLEGE OF ARTS AND SCIENCES	<b>Dr. Martha Michieka or Designee</b> 222-N Carrier Center (D.P. Culp Center)	423-439-6945
COLLEGE OF BUSINESS AND TECHNOLOGY	<b>Dr. Jill Hayter</b> 213 Sam Wilson Hall	423-439-6984
CLEMMER COLLEGE	Ms. Kelly Mitchell or Designee 322 Nell Jennings Dossett Hall	423-439-7628
COLLEGE OF CLINICAL AND REHABILITATIVE HEALTH SCIENCES	<b>Ali Williams</b> 436 Lamb Hall	423-439-5052
COLLEGE OF NURSING	<b>Dr. Whitney Tisdale</b> 2-230 Roy S. Nicks Hall	423-439-4578
COLLEGE OF PUBLIC HEALTH	<b>Dr. Taylor Dula</b> 252 Lamb Hall	423-439-4826
SCHOOL OF CONTINUING STUDIES AND ACADEMIC OUTREACH	<b>Dr. Jill LeRoy-Frazier</b> 317 Nell Dossett Hall	423-439-4223
GRADUATE SCHOOL (all graduate level students)	<b>Dr. Karin Bartoszuk</b> 311 Yoakley Hall	423-439-4221