

**East Arkansas Community College
Withdrawal Form**

Please complete the following in detail and submit to the Office of Admissions and Records. The withdrawal is not official until the form has been returned to the Registrar's Office.

Semester _____ Today's Date _____

Name _____ Student ID Number _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

Reason for withdrawal:

Academic Financial Health Personal Parent's Request

List all courses to be dropped with COURSE-ID and NOT title (ex: ENG1013-01). Instructors must sign and assign grades if courses are dropped after the 11th week of classes as published in the school calendar.

	COURSE-ID	INSTRUCTOR'S SIGNATURE	DATE	GRADE
1				
2				
3				
4				
5				
6				
7				

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

LRC _____ Financial Aid _____

Student Support Services _____ Business Office _____

Registrar's Office _____ Date Completed _____