

Date: _____



Engineering Online – Box 7547 – 256 Page Hall – NC State University – Raleigh, NC 27695-7457
 Phone: 877-254-0058 (toll-free) or 919-513-4481 – Fax: 919-515-8415 – <http://engineeringonline.ncsu.edu>

Withdrawal Application for Students Admitted to Graduate Degree Programs at North Carolina State University

Note: This form is only for degree students requesting to drop ALL registered hours for a particular semester. Complete the form and fax it to Engineering Online at 919-515-8415. We will submit the form for appropriate signatures and send it to the University Counseling Center for you. A University official may contact you about your reason for withdrawal and will complete the necessary approval forms if your withdrawal request is approved. Graduate students who withdraw may be in violation of the “continuous enrollment” policy. Your counselor can discuss this issue with you.

Section A: (To be completed by Distance Education Student)

Student’s Name: _____

Student’s ID#: _____

Mailing Address: _____

(Address where information related to this request can be mailed.)

City _____ State _____ Zip _____

Daytime Telephone: (____) _____

Request for withdrawal from: _____

Course _____ Semester _____ Year _____

Reason: _____

Do you plan to return to NCSU? Yes No Uncertain

If yes, when _____ Semester/Year

Do you currently hold a non-immigrant visa (F-1, J-1)? Yes No

If yes, which one? _____

What was the last date that you participated in the online class by viewing a lecture, taking an exam, etc.? _____

Have you paid the bill for tuition and fees related to this class? Yes No

Did you request that the lectures be sent to you on CD-ROMS? Yes No

If yes, when will you be returning the CDs to the University? _____

“I certify that the information given on this application is correct.”

Signature of Student: _____ **Date Submitted:** _____

Section B: (To Be Completed by University Officials)

<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Cancellation	Semester/Year	
Recommendation by EOL Director:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Withdrawal Refund Recommended:		<input type="checkbox"/> 100%	<input type="checkbox"/> 90% <input type="checkbox"/> 50% <input type="checkbox"/> 25% <input type="checkbox"/> 0%

Signatures _____ **Date:** _____

Director of Graduate Programs

Notified OISSS

Dr. Linda Krute, EOL Director