



Elizabeth City State University
Elizabeth City, North Carolina

**OFFICE OF THE
VICE CHANCELLOR FOR ACADEMIC AFFAIRS**

GRADUATE STUDENT GRADE WITHDRAWAL FORM

Please complete this form when withdrawing a grade that was submitted for a student on the Final Grade Report, when the student should not have received a grade.

The student whose name appears below was not enrolled in _____
Course Title

Student Full Name

Student ID #

Course #

Sec. #

Semester & Year

I am withdrawing the grade of _____ for the following reason(s):

Instructor's Signature

Date

Instructor's Departmental Chairperson

Date

Dean of School

Date

APPROVED BY:

Provost and Vice Chancellor for Academic Affairs

Date