



ELIZABETH CITY
STATE UNIVERSITY

OFFICE OF THE PROVOST
AND 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 Banner ID #

Course #

Sec. #

Semester & Year

Last Date of Attendance _____

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

Instructor's Signature

Date

Instructor's Departmental Chairperson

Date

Approved By: _____
Provost and Vice Chancellor for Academic Affairs or Designee

Date

