

Official Withdrawal Eligibility Request

NAME	DATE
STUDENT ID #	TERM
MAILING ADDRESS	PHONE #
_	BE REVIEWED FOR APPEAL:
I would like to request to regard (Please check the one that is applicate	in the Official Withdrawal Eligibility Status due to having completed <u>one</u> of the following: ble to you)
-	ccessfully completed a previously withdrawn course with a C or better final grade. I for one (1) additional official withdrawal for every previously withdrawn course I repeat.
I have completed 3 con	secutive semesters of six (6) or more credits hours with a 100% pass rate.
I have recently been rea	admitted to PCC after have not being enrolled for 6 consecutive semesters (2 years).
Other Reasons (Docum	entation required for review from by PCC OW Appeals Committee)
Please submit this form to:	Pitt Community College Registrar's Office PO Drawer 7007 Goess Student Center, Room 100 Greenville, NC 27835
	Or, Faxed to: (252) 321-4209
I understand this request will r	all of the information on this form and attachment(s) is complete and accurate. not remove OW grades from my PCC transcript. This request will help me regain eligibility I the 8 total allowed during tenure here at PCC. (Please see Page 2 for criteria)
Student Signature	
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Form Received	Section to Be Completed by the Office of the Registrar Date: Initials:
	1. Tridity
	Радо 1

Processed by the Registrar	Date:	Initials:
Student Notified in Writing	Date:	Initials:
Student Notined in Writing	Date	IIIIIIais

Official Withdrawal Appeals Committee

This committee will review appeals from students who wish to officially withdraw after the 60% point of the term (or class). Committee members will consider exceptions, with appropriate documentation, for the following reasons:

- 1. Medical/Psychological
- 2. Legal
- 3. Safety/Concerns
- 4. Military Obligations

Appeals will be granted when a minimum of 3 (three) committee members give approval.