

University of Central Arkansas
Official Graduate Student SEMESTER Withdrawal Form

Return the signed form to the UCA Graduate School, 201 Donaghey, Torreyson West 328, Conway AR 72035,
ucagradschool@uca.edu

A graduate student may fully withdraw from the current semester no later than the official date published in the academic calendar by submitting this completed form to the Graduate School office.

- Contact Student Accounts (450-5015) for information about the student withdrawal and refund policy.
- You must first contact the Financial Aid Office (450-3140) if you currently have any type of financial assistance.

I, _____ UCA ID # _____
full legal name

wish to withdraw from the University of Central Arkansas for the current

Full Mailing Address

Note: this will become your permanent address of record

Phone

**If you are permanently withdrawing from your graduate program,
DO NOT USE THIS FORM.**

**YOU WILL NEED TO COMPLETE THE
PERMANENT WITHDRAWAL FROM PROGRAM FORM.**

I understand that I am responsible for paying any outstanding charges to the University associated with my enrollment and withdrawal, that I am responsible for clearing any outstanding obligations owed the University and that failure to do this may impact upon my ability to enroll or receive any other services provided by the university in the future. I understand that withdrawal may require my repayment of federal financial aid, in accordance with federal guidelines.

STUDENT SIGNATURE

DATE

----- For Office Use Only -----

- | | |
|---|--|
| <input type="checkbox"/> Dept. Notified | <input type="checkbox"/> Applied to Graduate |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Library |
| <input type="checkbox"/> Registrar | <input type="checkbox"/> UCA Police |
| <input type="checkbox"/> Graduate Assistant | |



Graduate Dean's Signature

DATE STAMP HERE