

UNDERGRADUATE WITHDRAWAL PROCESS

UNIVERSITY OF CENTRAL ARKANSAS

An undergraduate student may withdraw from the University no later than the official date published in the academic calendar by contacting (in person or in writing) the Office of the Registrar in McCastlain Hall, Room 112.

Step 1: Complete the attached Undergraduate Withdrawal form.

Step 2: As applicable, obtain a department signature from the following offices:

- (a) **Athletic Advising Center** - for students advised in Athletic Advising Center only.
- (b) **Torreyson Library** - Circulation desk.
- (c) **Housing** - if you reside on campus
 - First stop** - Residence Hall to check out properly and obtain a residence hall withdrawal form.
 - Second stop** - Housing Office, Bernard Hall, Room 209 to process residence hall withdrawal form.
- (d) **Financial Aid** - McCastlain Hall, Room 001 (This must be done before going to Student Accounts).
- (e) **Student Accounts** - Cashier's Window or McCastlain Hall, Room 144 after 4:00 p.m.

Step 3: Turn in the official withdrawal form to:

**Office of the Registrar
McCastlain Hall, Room 112
201 Donaghey Ave.
Conway, Arkansas 72035-0001
Office Hours: 8:00 a.m. - 4:30 p.m.
FAX Number: 501-450-5734**

You will not be officially withdrawn from the University until you have completed Step 3.

The official date of your withdrawal will be the date the Office of the Registrar receives the official withdrawal form.

I have read and understand the above listed procedures to officially withdraw.

Student ID#: B

Print Name

Signature

Date _____

Copy to student: ☐ **In person**

OFFICIAL UNDERGRADUATE WITHDRAWAL FORM
University of Central Arkansas

I, _____, wish to withdraw from the
Last Name First Name Middle Initial

current _____ term at the University of Central Arkansas.
Semester Year

☐ Cancel my advance registration for the _____ term _____ year,

☐ **Do Not** cancel my advance registration for the _____ term _____ year.

Student ID #: **B** _____

Date of Birth: _____

Permanent Mailing Address: **NOTE that this address
will become your address of record at the University.**

Classification (check one):

____ freshman
____ sophomore
____ junior
____ senior
____ post-bacc
____ graduate student

Street, RR#, P.O. Box

City

State

Zip

Phone: (_____) _____

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 so may impact upon my ability to enroll or receive or 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.

Print Name

Signature

Date

As applicable, the following offices verify receipt of this official withdrawal notice:

(a) Athletic Advising Center
Burdick Hall 304 _____

(b) Torreyson Library
Circulation Desk _____

(c) Housing
Bernard 201 _____

(d) Financial Aid
McCastlain Hall 001 _____

(e) Student Accounts, Cashier's Window
McCastlain Hall _____

(f) Office of the Registrar
McCastlain Hall, Room 112 _____

Copy to student: ☐ **In person** _____ ☐ **By mail** _____