



UNIVERSITY OF
**CENTRAL
ARKANSAS™**

CENTER FOR GLOBAL
LEARNING & ENGAGEMENT
EDUCATION ABROAD

Withdrawal Form

Please type or print all information clearly.

My plans have changed, I will not be participating in the UCA Education Abroad Program for which I am registered. I request to be officially withdrawn from this study abroad program. Please cancel registration for my selected study abroad courses.

Program Name: _____

Name (Last, First): _____ UCA ID: _____

Mobile Phone: (_____) _____ Email: _____

By signing this form, I confirm that I have read and understand all published payment policies and Office of Study Abroad guidelines as well as each of the following statements:

I am responsible for paying any outstanding charges to the University associated with my enrollment and withdrawal, and for clearing any outstanding obligations owed to the University and failure to do so may impact my ability to enroll or receive any other services provided by the University in the future.

Submitted payments will not be refunded and past-due payments will not be removed from my account; I am responsible for all charges and late fees assessed to my account.

Program withdrawal may require repayment of scholarships, grants or federal financial aid, in accordance with federal guidelines.

The Office of Education Abroad will confirm receipt of this form via email. My official date and time of withdrawal is determined by the date and time of receipt of the Office of Education Abroad.

Signature

Date

Office of Education Abroad use only. Please do not write below this line.

Received UCA Office of Ed. Abroad Date: _____ Initials: _____

Email Confirmation of Withdrawal Sent Date: _____ Initials: _____

(attach confirmation email to this form after sending)

Total Paid: \$ _____ Next Payment Due Date/Amount: _____

Action: _____
Print and attach written confirmation/emails of any action taken.

As applicable, the following individuals/departments should be sent an official withdrawal notice:

☐ Financial Aid ☐ Student Accounts ☐ Registrar ☐ Faculty Program Director
☐ Vendors/Providers: _____

Signature, Office of Education Abroad

Date