## **GRADUATE Student Permanent Withdrawal from Program Form**



This form is **NOT** for the purpose of withdrawing for only the current semester.

A graduate student may <u>permanently withdraw from their program</u> by submitting this completed form to the UCA Graduate School, 201 Donaghey Ave, TORW 328, Conway AR 72035, <u>ucagradschool@uca.edu</u>

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

l,		, UCA ID #
wish to permanently withdraw from	m my graduate program at the U	Jniversity of Central Arkansas
effective		Current Phone #
Full Mailing Address		
This w	ill become your permanent address of reco	ord
plan to return to the university	at this time.	nrolled, including future terms. I do not
(Note: YOU MUST R	EAPPLY IF YOU DESIRE TO F	RETURN TO THE UNIVERSITY.
enroll or receive any other serwithdrawal may require my rep	vices provided by the universoayment of federal financial as standing will affect my eligib	e to do this may impact upon my ability to sity in the future. I understand that aid, in accordance with federal guidelines. illity for readmission at UCA and admission
STUDENT SIGNATURE	For Office Use Only	DATE
Inactivated	Dept. Notified	
Financial Aid	Library	
Registrar	UCA Police	
		DATE STAMP HERE