



**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
- \_\_\_ visiting 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) Academic Advising Center  
Harrin Hall 100 \_\_\_\_\_

(d) Financial Aid  
McCastlain Hall 001 \_\_\_\_\_

(b) Torreyson Library  
Circulation Desk \_\_\_\_\_

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

(c) Housing  
Bernard 201 \_\_\_\_\_

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

**Copy to student:**     **In person** \_\_\_\_\_     **By mail** \_\_\_\_\_