

University of Arkansas Rich Mountain

WITHDRAWAL/COMPLETE WITHDRAWAL FORM

Fall Spring Summer I Summer II _____
Year

Student ID or SS Number: _____

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

- Withdraw from 1 or more classes but still enrolled in college Total withdrawal from college
 Administrative withdrawal

Reason for Dropping: (Check one)

- Health Reasons Moved from Area Financial Reasons
 Job Requirements Child Care Issues Personal Reasons
 Transportation Problems Other _____

Comments: _____

Course Number	Course Name	Instructor's Name	Instructor's Initials

STUDENT SIGNATURE: _____ DATE: _____

CLEARANCE MUST BE OBTAINED FROM THE FOLLOWING DEPARTMENTS BEFORE OFFICIAL WITHDRAWAL CAN OCCUR:

Advisor _____ Financial Aid _____ Business Office _____
Library _____ Career Pathways _____ SSS _____
Bookstore _____ Math Dept. _____ Asso VP Student Affairs _____

IMPORTANT: THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE

POSTED BY _____

DATE _____