



OFFICE OF RECORDS
AND REGISTRATION

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Request for Graduation Application Withdrawal

I, _____,
Student's Name (Please Print)

withdraw my Graduation Application for the major and degree _____

for the _____ semester.
Term (i.e. Spring 2017)

Student ID (T-Number)

***By signing below, I confirm that I understand it is my responsibility to complete a NEW graduation application (in BOSS) for the term that I will complete my degree requirements. Furthermore, I understand that my graduation application must be submitted prior to the deadline published on the academic calendar and UA Little Rock's website.**

*Signature

Date