



Drop/Withdrawal Form

Phone: (501) 569-3110
Fax: (501) 569-8168
Email: records@ualr.edu
2801 South University Avenue
Little Rock, AR 72204

Date: _____

Student ID: _____

Semester: Spring Summer Fall

Print Name: _____

Please Check all that Apply:

Signature: _____

- Full Term (regular semester - 1)
- First 10-Week Term (101)
- First 8-Week Term (810)
- First 5-Week Term (510)
- Second 10-Week Term (102)
- Second 5-Week Term (520)
- Second 8-Week Term (820)
- Third 5-Week Term (530)

Reason for Drop\ Withdrawal: Financial Personal Career

Other (Please Explain) _____

If you are submitting this form for processing, you must read the following statement and initial the space provided:

I am submitting a request to the Office of Records and Registration to drop/withdrawal me from course(s) in the given semester. I understand that if I am currently receiving financial aid or scholarship funding, it is my responsibility to consult with the UALR Office of Financial Aid office to determine how dropping or withdrawing from course(s) will affect my eligibility for future funding. --

Initial here: _____

Are you currently a(n): Athlete International Student

If so please contact the appropriate official for a signature

Warning: There is a deadline to drop individual courses from the semester. For information regarding individual drop deadlines please visit <http://ualr.edu/records/calendar/>

CRN	Subject Code	Course Number	Section Number	Credit Hours	Course Title

Office Use Only:	Operator _____	FA Officer _____
	Date _____	Other _____