

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
GRADUATE SCHOOL

Notice of Withdrawal from Graduate School

To: Dean of the Graduate School

This is to inform you that I am withdrawing from the graduate program at the University of Arkansas for Medical Sciences.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Departmental Chair

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_  
Dean of the Graduate School

Please submit to the Graduate School Office.