

STUDENT CLEARANCE FORM

University of Arkansas for Medical Sciences - College of Health Professions

Last Name

First Name

Middle Initial

Student ID Number

Reason for Clearance: Graduating _____ Withdrawing _____ Other _____

INSTRUCTIONS: Return this form to the Registrar only after all offices, or those specifically indicated, have been cleared.

INITIALS

_____ Department Chairman

_____ Educational Services - Education II Building – 8th Floor

_____ Library - Education II Building – 1st Floor

_____ Public Safety - Distribution Center, 800 College Drive

Car Tag Number _____ State _____

_____ Student Activities (Student Dorms – 4601 W. Markham, Administrative Building – across from Slim Chickens)

_____ Student Financial Services – Online Exit Counseling

Awards Division (COPH 1232B) - Stafford & Grad Plus Loans – To exit online visit www.uams.edu/studentfinancialservices click the **Mapping Your Future link** on the left

Disbursements/Billing Division (COPH 1232A) - Tuition and Federal Perkins Student Loans– Exit counseling instructions will be mailed

_____ Student Exit Interview - Associate Dean for Academic Affairs – Administration West – 3rd Floor

_____ Registrar's Office - Administration West, Building 2

Were you receiving educational assistance from the V.A.? Yes _____ No _____

Please provide your forwarding address and telephone number:

Certification: I certify that I have turned in all University supplies and equipment and have paid or arranged to pay all moneys and accounts due.

Date

Signature