UNIVERSITY OF ARKANSAS GRADUATE SCHOOL ACTIVE STATUS for GRADUATE FACULTY WHO ARE NO LONGER AFFILIATED WITH THE UofA

1. Name			
(Last)	(First)	(Middle)	
SSN/ID	Email	@	
2. Department or Graduate Progra	m		

3. Endorsement (select one)

I no longer wish to serve in my capacity on any current, existing graduate committees.

I will complete all of my current committee assignments, after which my graduate faculty status will be inactive.

I will complete only my current committee assignments for only the following graduate students, after which my graduate faculty status will be inactive.

4. List all graduate students you are currently serving as chair or committee member: (Please include a separate page if necessary.)

Student	Student ID	Indicate Chair or Committee Member	Indicate Will Continue or Remove?
Graduate Faculty Member (signature)	Date		

5. Acknowledgment of graduate faculty status activity: