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 Program**_____

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	**ID**	**Indicate Chair or Committee Member**	**Indicate Will Continue or Remove**

_____ _____
Graduate Faculty Member (*signature*) Date

5. **Acknowledgment of graduate faculty status activity:**

_____
Department Head or Chair (Please print)

_____ _____
Department Head or Chair (*signature*) Date