

UNIVERSITY CHURCH CHRISTIAN ACADEMY

a ministry of University Church of Christ

Withdrawal Request

Withdrawal Request for (student name) _____ effective (date) _____.

Date of Birth _____ Social Security Number _____ (required for transcript)

Home Address, City, State & Zip _____

Parents _____ Phone Number _____

Reasons for Withdrawal:

Student is transferring to which school?

Previous Schools Attended:

Please list items for consideration on your child's transcript. Use the back if necessary.

Achievements:

Activities:

Community Service:

High School Transcripts Only:
Employment Experience

I myself am convinced, my brothers and sisters, that you yourselves are full of goodness, filled with knowledge and competent to instruct one another. Romans 15:14

Please mail completed form to:
University Church of Christ
ATTN: UCCA Administrator
1200 Julia Tutwiler Drive
Tuscaloosa, AL 35404



Signature of Parent-Teacher/Legal Guardian

Date