



Permanent Withdrawal

Student Information: AUA ID: _____

Full Name: _____
Last Name First Name Middle Name

Cell Phone: _____ Home Phone: _____

AUA E-mail: _____

Semester/Term: _____ Year: _____

Last Name

Degree Level and Program: Total # of Credits Completed: _____

UGRAD	GRAD			Cumulative GPA: _____
BUS	LL.M	MSE	ME IESM	
BA E&C	MPSIA	PMBA	MS CIS	Year: _____
BS CS	MA TEFL	MBA	MPH	

First Year Enrolled: _____ First Term Enrolled: Fall Spring Summer

First Name

Withdrawal Information Reason for Permanent Withdrawal from AUA: _____

By withdrawing from the university I understand that all current Financial Aid awards are forfeited. I must apply for readmission through the Office of Admissions if I wish to return as a student to AUA.

Student Signature: _____ Date: _____

AUA ID

Clearances Required

Library Clearance:	Date: _____
Accounting Clearance:	Date: _____
ICTS Clearance:	Date: _____
Registrar's Office ID Card Returned:	Date: _____

Approvals

Program Chair: _____ Date: _____

Dean: _____ Date: _____

Permanent Withdrawal becomes effective upon signature of the Registrar:

Registrar: _____ Date: _____

Office of the Registrar