

Withdrawal from a Semester

This form must be submitted to the Office of the Registrar. It is recommended that you check the University's refund schedule prior to submitting this request

Student Name:	Last	First	Middle
Student ID Number	S 0 0 0 0		
Are you a Scholarshi	p Student? YES	□NO	Phone number:
Declared U	ndeclared		
Leave Effective: [Fall Spring	Summer	Year 2 0
Return Effective:	Fall Spring	Summer	Year 2 0
I am requesting a with	drawal for a semester fro	om AUK for the	following reason(s):
Personal reasons	Financial	reasons	Academic reasons
Other (please explain)	:		
form is to be submitte The student's account	d by the deadline to with will remain "active" so so courses elsewhere during	ndraw with a "W" he can proceed	"Withdraw for a Semester." The "for the semester in question. for the following semester smoothly. The should also submit a Study Away
Note: Undeclared st	udents should seek ap	proval from the	CAS Dean
Student's Signature & D	ate	Scholars	hip Office (All Students) Signature & Date
Department Chair (Decl	ared Students) Signature 8	z Date Library (2	All Students) Signature & Date
Dean's Signature & Date	e	- Finance I	Department (All Students) Signature & Date
Office of the Registrar American University of Io 图 Tel: + (965) 224 8399 昌 Fax: + (965) 2571 5899 Last Modified: May, 2014	ext. 3164		RO USE ONLY: Processed by:

Date: _____