

WITHDRAWAL FORM

Student Name: _____ **Student ID #:** _____

DOB: _____ **Social Security #:** _____ - _____ - _____

Current Mailing Address:

Street: _____

City: _____ **State:** _____ **Zip:** _____

Reason for withdrawal: _____ Personal _____ Academic

Date withdrawal effective: _____

Any outstanding balances will be due by end of current term regardless of reason for withdrawal. Please refer to the AMI catalog on the readmission process.

Print Name: _____
(person requesting withdrawal)

Signature: _____ **Date:** _____

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For Office use only:

Date: _____

Personnel completing withdrawal: _____

How was student informed of academic withdrawal? _____

Date informed: _____

Balance: _____