

Drop or Withdraw From All Classes Form

This form may be used to 1.) drop or withdraw from the last course, 2.) drop or withdraw from all courses, and/or 3.) inform the university of the student's intention to permanently leave the university.

Semester: Fall Spring Summer Year: _____

1 Student Information To be completed by student or AU representative. Please print for easier processing.			
Last Name		First Name	
College/School		Major	
Middle Name		AU ID	
Visa Status		AU Email	
I/The student plan(s) to drop or withdraw from classes on _____ (date). <i>Unless supporting documentation is provided from the instructor verifying the last date of attendance, the date this form is received will be the effective date for the transaction.</i>			
I/The student plans to return next semester. Yes No Maybe			
I/The student plan(s) to go on leave during the current semester. Yes No <i>A leave will not be granted if there is a "W" on the record for this semester, but may be requested for the following semester using the Request for Temporary Leave Form.</i>			
Reason for drop or withdrawal and/or for permanently leaving the university (check all that apply):			
<input type="checkbox"/> Financial challenges		<input type="checkbox"/> Medical issues	
<input type="checkbox"/> Dissatisfied with academic program		<input type="checkbox"/> Family emergency	
<input type="checkbox"/> Unsatisfactory housing		<input type="checkbox"/> Transfer	
<input type="checkbox"/> Found employment		<input type="checkbox"/> Other (specify) _____	

2 Third Party Information This section may be completed by an AU representative who becomes aware of a student's intention to withdraw from all classes or to permanently leave the university. Please complete as much of Section 1 as possible and forward the form to the Office of the University Registrar. The information will be verified before the student is withdrawn.			
AU Representative Name (Please Print)		Email	
Information collected from student or third party:			

Student (Please Print)	Student Signature	Date
ISSS if applicable (Please Print)	ISSS Signature (if applicable)	Date
Academic Unit Designee (Please Print)	Academic Unit Designee Signature	Date