



WITHDRAWAL FORM

Student Name: _____ Student ID #: _____

DOB: _____ Social Security #: _____

Mailing Address: _____

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 AMAI catalog on the readmission process.

Print Name: _____

Signature: _____ Date: _____

For Office Use Only

Date: _____

Personnel completing withdrawal: _____

How was student informed of academic withdrawal?: _____

Date Informed: _____

Balance: _____