

Any student withdrawing from AMBS must complete this form, obtain signatures below, and return it to the Registrar Office. A student will not be considered as having withdrawn in good standing unless a completed copy of this form is part of his/her student record. If the student does not complete the form, the registrar will proceed noting that the student did not withdraw in good academic standing. If the student is withdrawing mid-semester, courses should be dropped according to the usual refund policies.

Date _____ Student ID _____

Name _____
 Last First Middle

Address _____
 No and Street City ST ZIP

Phone _____ E-mail _____

Withdrawal is effective as of _____ Adviser _____

Reason(s) for Leave (check all that apply):

Personal Work/Time Constraints Family Medical
 Vocational Academic Financial Other

We would appreciate feedback from you regarding any areas of concern or dissatisfaction you have about your experience at "AMBS. Please feel free to elaborate below or on the back.

Required Signatures:

Student _____ Date: _____

Academic Dean _____ Date: _____

Distribution:
 Student Adviser Business Office Admissions Office Financial Aid Office