



SEMESTER WITHDRAWAL FORM

Submit this form to the Registrar's Office

Withdrawal may not be your only or best option. Please review the website or see a Coordinator for more information.

Circle Semester & Indicate Year		Fall	Spring	Summer	20__
Student ID#		Name (print)			
Email		Cell Phone:			

Forwarding Address: _____

Reason for Withdrawal: ___ Academic ___ Health ___ Financial ___ Work ___ Military ___ Family ___ Personal

American University of Leadership will prorate the fees assessed based upon the official date of withdrawal, University Refund policy applies.

PAYMENT PLAN: Are you on an AUL Payment Plan: ___ Yes ___ No

You are responsible for any remaining payments on your payment plan. Any refund of fees will be applied to your payment plan. Any refund of fees will take 30 days to process. For additional information contact Business Services at (407) 801-5140 or registrar@aulm.us

VETERAN'S BENEFITS:

Did you receive Veteran Benefits for this semester? ___ Yes ___ No

Students receiving Veteran's benefits must obtain the signature of the Veteran's (VA) Coordinator.

- I met with the VA Coordinator and understand the consequences of my withdrawal on my benefits.

VA Coordinator's Signature _____

Are you a U.S. Citizen? ___ Yes ___ No

If you are not a U.S. Citizen and studying on site, the Foreign Student Service's Director Signature is required. FSSS Director Signature _____

My signature on this form is my official notification of my intent to withdraw from all classes at American University of Leadership.

Signature _____

OFFICE USE		
Academic Course Load:	Processed By: _____ Mailed or Obtained (date) _____	Comments:
Name of Coordinator _____	Date _____	Official WD Date