

Alabama A&M University

School of Graduate Studies

STUDENT DEPARTURE FORM

Date: _____

Name: _____

Student #: _____

Phone#: _____

Email: _____

Citizenship: _____

Last Semester Attended at AAMU: _____

Purpose of Departure:

- Graduation (date, degree, major)** _____
- Transfer (To: _____)**
- Withdrawal (Please explain:**

- Change to Permanent Resident Status**
- Other:** _____
-

Forwarding address: _____

If withdrawing or transferring, please explain: _____

