



ALABAMA AGRICULTURAL AND MECHANICAL UNIVERSITY  
SCHOOL OF BUSINESS



EXIT EXAM SIGN-UP

Return this form to the Dean's Office, Room 309, School of Business

Date: \_\_\_\_\_ Expected Graduation Sem/Yr: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

ID Number: \_\_\_\_\_ Advisor: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_ Minor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street / Apt Number / Post Office Box  
(Please provide an address where we can locate you after you graduate)  
\_\_\_\_\_ City / State / Zip

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

