



Alabama A&M University
P.O. Box 287
Normal, AL 35762
(256) 372-5275

Retroactive Withdrawal Clearance Form

Date: _____

Semester: _____

Instructions: Complete this form and provide a written statement that outlines the nature of your request for a retroactive withdrawal and the reasons you believe your appeal should be approved. If the extenuating circumstance involves medical reasons, it is not necessary for the written verification to contain details of the medical condition. Completion of this form does not necessarily relieve the student from any financial obligations he /she may have incurred at Alabama A&M University. The retroactive withdrawal process is not complete until all signatures have been secured, and this form returned to the Office of Academic Affairs.

Name: _____
 Last First MI

Banner ID: _____

Date of Birth: ____/____/____ Classification: _____ Email Address: _____

Local Address: _____
 Number and Street City State Zip

Permanent Address: _____
 Number and Street City State Zip

Please read carefully before signing below. I understand that:

- I am not entitled to a refund of tuition and fees.
- I understand that if I received financial assistance for this term, funds may need to be returned to the appropriate program based on this withdrawal. (If you did receive financial assistance during this term, it is strongly recommended that you consult with a financial aid counselor to discuss the financial consequences of the withdrawal.)
- Approval of this request may affect visa status for international students
- Falsification of information may lead to disciplinary action by the University.
- By signing this form, I authorize my physician/health care provider to release necessary information to the University related to this request, if applicable. Furthermore, I understand that my physician/health care provider may be contacted for verification purposes.

1. Signature of Student _____ Date _____

2. Financial Aid Office _____ Date _____

Vice President, Academic Affairs _____ Date _____

Approved _____ Denied _____