AdventHealth
UNIVERSITY

DROP / WITHDRAWAL / DISMISSAL FORM

Return form to: AHU.StudentExperience@ahu.edu

Complete applicable sections and obtain required signatures before Registrar processing.

1 STUDENT INFORMATION

Legal last name | Legal first name

Student ID | Current program

Date | International student (F-1): ☐ Yes ☐ No

2 TYPE OF REQUEST - Check applicable option

A. COURSE DROP / WITHDRAWAL (student remains in academic program)

☐ Some classes this trimester ☐ All classes this trimester

Withdrawal from all courses for a trimester does not automatically withdraw a student from the program.

B. VOLUNTARY PROGRAM / UNIVERSITY WITHDRAWAL

☐ Withdraw from academic/professional program ☐ Withdraw from AHU

C. DISMISSAL (initiated by academic program / AHU)

☐ Dismissed from academic/professional program ☐ Dismissed from AHU

Reason for dismissal:

3 COURSE(S) TO DROP / WITHDRAW - If applicable

Prefix / No.	Section	Course title	Credits	Last attended	OFFICE USE ONLY Refund %	Grade

4 REASON AND RETURN PLANS

4A. REASON FOR WITHDRAWAL / DISMISSAL

☐ Personal illness ☐ Family illness ☐ Family obligation

☐ Work schedule ☐ Work pressure ☐ Citizenship

☐ Financial ☐ Academic ☐ Relocation

Other reason:

Courses still attending:

4B. RETURN PLANS

☐ This trimester ☐ Next trimester ☐ Not returning

Expected return date:

5 FINANCIAL AID INFORMATION

Receiving Financial Aid

☐ Yes ☐ No

Federal Stafford Loan recipients who drop below 4 credits (graduate) or 6 credits (undergraduate) must complete required exit loan counseling.

Financial aid may be adjusted after withdrawal. Satisfactory Academic Progress requirements apply. Contact Financial Aid with questions.

6 REQUIRED SIGNATURES - Where applicable

Student		Date	
Student Experience Manager / Academic Advisor		Date	
Financial Aid Advisor		Date	
Program Chair / VP Student Services*		Date	
International Student Advisor**		Date	
Office of the Registrar		Date	
Business Office		Date	

* Program withdrawal or citizenship issues. ** F-1 students.