

Drop/Withdrawal Form Financial Aid Email: FinAid@ahu.edu

		ase complete form in blue rtment. All portions of th			-		atures and t	hen sent
Legal Last Name		Legal First Name		Student ID		Current Program/I	Program of In	terest
Today's Date				nal Studen				
AM WITHDRAW	ING FROM	: Professional Program	□ AHU □ AII	Classes this	Trimester	Some Classes t	his Trimester	
DROP COURSES	: Please fill	in all the courses you are dr	opping				FOR OFFICE	USE ONLY
Course Prefix & Number	Section	Course Title		Credit Hours	Instructor Signa (On-campus ON		Refund %	Grade
& Number				Hours	(On-campus On	Attenueu		
EASON:		_	_	<u>R</u>	ETURNING:			
Personal Illness		Family Illness	Family Obligation		This trimester			
Work Schedule		Work Pressure	Citizenship		Next Trimester			
Financial		Academic	Relocation	<u> </u>	Not Returning			
Other (please ex	xplain):				Other: When retu	urning:		
Courses still attendi	ing this trime	ester:						
nours for undergrad vithdraws could ha	duate studer ve his aid ad	Yes No If yes: If its, you must complete exit loan of justed, based on the amount of the idditional information, please continuous programments.	counseling at https://studime the student was enr	dentloans.go olled. A stud	ov and click on Log I	n. A student who rece	ives federal aid	and
		ed on the date the withdrawal for eadline, you will receive a WF for	•	d by your aca	ademic advisor. If yo	ou stop attending a cou	urse and do not	submit
✓ Appli	cation fee is	non-refundable. will be refunded if a student rece		# of wks in Session	No Grade	"W" Grades	"WF" Gra	de
		ses for the trimester.		4	End of 1st	Beginning of 2 nd to	Beginning o	f the

Refund is based on the date the withdrawal form is received by AHU. Refund policy:

Days	Refund %
1 st seven calendar days	100%
After seven calendar days	No refund

# of wks in Session	No Grade	"W" Grades	"WF" Grade
4	End of 1 st week of class	Beginning of 2 nd to end of 3 rd week	Beginning of the 4 th week
5	End of 1st week of class	Beginning of 2 nd to end of 4 th week	Beginning of the 5 th week
7	End of 1st week of class	Beginning of 2 nd to end of 5 th week	Beginning of the 6 th week
14	End of 1st week of class	Beginning of 2 nd to end of 11 th week	Beginning of the 12 th week

SIGNATURES REQUIRED: Please return form to the Financial Aid department after completed with all required signatures.					
Student:	Date:				
Academic Advisor/Online Student Manager:	Date:				
Financial Aid Advisor:	Date:				
Business Office:	Date:				
Program Chair/ VP Student Services:	Date:				
(If withdrawing from Professional Program or citizenship issues)					
International Student Advisor:	Date:				
(If student is in F-1 Status)					
Office of the Registrar:	Date:				