

Drop/Withdrawal Form

Financial Aid Email: FinAid@ahu.edu

Student Information: Please complete form in blue or black ink. Form must be completed with all required signatures and then sent to the Financial Aid department. All portions of this form must be completed before it can be processed.									
Legal Last Name						ent Program/Program of Interest			
Today's Date International Student Yes No F1 Status									
I AM WITHDRAWING FROM: ☐ Professional Program ☐ AHU ☐ All Classes this Trimester ☐ Some Classes this Trimester									
Please be aware that your @my.ahu.edu email and all associated Microsoft 365 services will be deactivated if you are completely withdrawing from AHU.									
DROP COURSES	S: Please fil	I in all the courses you are dr	opping				FOR OFFICE	USE ONLY	
Course Prefix & Number	Section	Course Title	•	Credit Hours	Instructor Signature (On-campus ONLY)	Date Last Attended	Refund %	Grade	
REASON: Personal Illness Work Schedule Financial Other (please explain): RETURNING: This trimester Next Trimester Not Returning Other: When returning:									
Courses still attending this trimester:									
Are you receiving financial aid?									
Your Grade is based on the date the withdrawal form is received and signed by your academic advisor. If you stop attending a course and do not submit									

- the form by the deadline, you will receive a WF for that course.
- Application fee is non-refundable.
- Matriculation fee will be refunded if a student receives 100% tuition refund on ALL classes for the trimester.
- 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:			