

**American International College
Office of the Registrar
1000 State Street
Springfield MA 01109
Tel. (413) 205-3212 Fax. (413) 205-3974**

NOTICE OF WITHDRAWAL FROM COLLEGE

Date: _____

The following student has Officially Withdrawn from American International College effective _____.

NAME: _____

STUDENT ID#: _____

PROGRAM: DAY CONTINUING EDUCATION GRADUATE

MAJOR: _____

ADVISOR: _____

DORM & ROOM #: _____

Reason for withdrawal:

- | | | | |
|---|--------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Employment | <input type="checkbox"/> Financial | <input type="checkbox"/> Health |
| <input type="checkbox"/> Military Deployment | <input type="checkbox"/> Residential | <input type="checkbox"/> Personal | |
| <input type="checkbox"/> Transfer to another school | _____ | | |

Other (please explain): _____

Student Signature: _____

Registrar's Signature: _____

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