You should meet with your instructor to discuss your plans to withdraw and obtain his/her signature before you submit this form. The official withdrawal is the date all official signatures are completed and the form is received in the Business Office. Listed below are the steps you must follow to initiate the withdrawal process:

1. Read the withdrawal policy in the College Catalog and the refund policy in the Schedule of Classes.
2. Complete this form in ink and print clearly using a ballpoint pen and pressing firmly.
3. If you are a Learning Support Student, you must obtain the signature of a Learning Support counselor.
4. Obtain a signature from the Financial Aid Office and the Registrar’s Office.
5. Once all required signatures have been obtained and the form has been completed, you must submit the completed form to the Business Office. Once the Business Office signs the form, you will be given the pink copy for your personal records.

Date ___________ Term ___________ Year ___________ AMCUID __________________

Name____________________________________________________ Phone Number ________________

Last                   First                   Middle Initial

Check One

_____ This is a student-initiated withdrawal from one or more courses. Student is still enrolled in at least one course.

_____ This is a student-initiated withdrawal from all courses. (Student must submit college ID card to the Office of the Registrar when withdrawing from all courses.)

<table>
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<tr>
<th>CRN</th>
<th>Course Name</th>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Last Date of Attendance</th>
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Financial Aid Received:

_____ Grant _____ Loan _____ HOPE _____None _____Other __________________ Signature of Financial Aid Office Date

Student-Initiated Withdrawal: I have read and understand the withdrawal policy in the Atlanta Metropolitan College Catalog and the refund policy in the Schedule of Classes.

_________________________________________ Date

Student’s Signature

_________________________________________ Date

Signature of Learning Support Counselor

_________________________________________ Date

Signature - Registrar’s Office

_________________________________________ Date

Signature of Business Office

_________________________________________ Percent of Refund

Signature of Business Office