

Alabama A&M University  
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Normal, AL 35762  
(256) 372-5275

# Retroactive Withdrawal Clearance Form

Date:

Semester:

Instructions: Complete this form and provide a written statement that outlines the nature of your

[Redacted area]

Name:

Last

First

MI

Banner ID:

Date of Birth:

Classification: \_\_\_\_\_

Email Address:

Local Address:

[Redacted area]

Please read carefully before signing below. I understand that:

- I am not entitled to a refund of tuition and fees.
- I understand that if I received financial assistance for this term, funds may need to be returned to the appropriate agency based on this withdrawal. (If you did receive financial