



AMERICAN UNIVERSITY

W A S H I N G T O N , D C

Intent to Leave Three-Year Program Form

Please complete this form and click "Submit". Please discuss your intent to leave with your program director prior to submitting the form.

First Name

Last Name

Student ID Number

Select Three-Year Program:

Select Year of Entry:

Select Reason for Leaving

(enter text if not listed):

By checking this box I indicate that it is my intent to leave the three-year program in which I am currently enrolled. I have discussed this decision with my academic advisor and faculty director(s). I understand that my financial aid package may be affected based on the time of my departure from the three-year program.

Date

Name of Academic Advisor