OFFICE OF ADMISSIONS AND RECORDS
AUBURN UNIVERSITY
GRADUATE STUDENT TERM RESIGNATION

TODAY’S DATE __________________________
EFFECTIVE DATE ________________________
TERM OF RESIGNATION ____________________

STUDENT NAME ____________________________________________
STUDENT NUMBER ____________________________
CLASS & CURRICULUM ______________________________________

REASON FOR RESIGNATION
_____ Health (Copy of Medical Documentation must be attached)
_____ Military (Copy of Military Orders must be attached)
_____ Personal (Personal circumstances should be documented to the Graduate Dean’s Office)

Do you plan to return to Auburn: YES NO If so when: ________________________________

The scholastic status of this student is: ( ) Resigned Clear ( ) Passing 50% or more ( ) Failing 50% or more ( ) Suspension
* If resigned after mid-term, letter grades must be reported. See text for further instructions.

To be filled out by instructors

<table>
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<tr>
<th>Title of Course</th>
<th>Dept</th>
<th>Course Number</th>
<th>Cr. Hrs.</th>
<th>Last Day Attended</th>
<th>*Letter Grade</th>
<th>Instructor Signature</th>
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Financial aid eligibility, tuition refund, and registration for certain classes may be affected by Student Resignation.
It is the student’s responsibility to contact the appropriate offices or departments relevant to these concerns.

STUDENT’S SIGNATURE __________________________________ DATE ________________
ADVISOR’S SIGNATURE __________________________________ DATE ________________
DEAN’S SIGNATURE __________________________________ DATE ________________
FINANCIAL AID SIGNATURE ____________________________ DATE ________________
REGISTRAR’S SIGNATURE ____________________________ DATE ________________

Note: This form is for resignation from all courses at Auburn University for a designated term. It does not imply permanent termination of a program of study.