



Ave Maria University
Office of Academic Records
5050 Ave Maria Blvd
Ave Maria, FL 34142
(239)280-2565

Ave Maria University

SEMESTER WITHDRAWAL APPLICATION

- This form allows for a complete institutional withdrawal from all enrolled classes for the **CURRENT TERM ONLY**. Use of this form is not permitted after a term has ended.
- Students must complete and return this form to the Registrar before exiting Ave Maria University.

Last Date of Attendance/Official Date of Withdrawal _____

Academic Year: _____ Semester: FALL SPRING SUMMER

Student Name (please print) _____

Student Forwarding Address _____

Student Forwarding Phone Number _____

The withdrawal form must be signed by the following before student leaves campus:

1. Student Signature _____ Date _____
2. Anne Hart, _____ Date _____
Director of Financial Aid *(to be signed after the completion of page 3)*
3. Chelsea Kozisek, _____ Date _____
Student Support Services
4. Julie Cosden, _____ Date _____
Vice President for Student Affairs *(or her designate)*
5. Stephanie Negip, _____ Date _____
Registrar

Please check if you are a veteran or dependent under GI Bill or under a F-1 Student Visa and specify which: _____

Notice to All Students: The final grade assigned for each of your classes (W or WF) will be determined based on the date the form is received and processed by the Office of Academic Records. Please see the appropriate Academic Calendar for all deadline dates (<http://www.avemaria.edu/MajorsPrograms/RegistrationandRecords/AcademicCalendar.aspx>). Refunds for tuition, fees, room, board, and any other applicable charges will be processed according to the established guidelines set forth in the University Academic Catalogue (<http://www.avemaria.edu/MajorsPrograms/RegistrationandRecords/AcademicCatalogue.aspx>). If your withdrawal is due to a major medical emergency, the Medical Withdrawal Petition must be submitted with medical documentation within 30 days after the end of the current term. Please complete the subsequent pages in this Withdrawal Application to the best of your ability.

**AVE MARIA UNIVERSITY
EXIT INTERVIEW**

Name: _____

Date of Attendance: _____ to _____

Entering Status: _____ Freshman _____ Sophomore _____ Junior _____ Senior

Was this your first college attendance? ___ Yes ___ No

Did you transfer from another institution? ___ Yes ___ No

What was your intended major? _____

Why did you choose to attend Ave Maria University?

Did any of the following influence your decision to leave Ave Maria University?
(Please number, with #1 being the most significant reason)

___ Medical ___ Distance from Home ___ Campus Life ___ Academic Difficulty
___ Tuition/Financial ___ Major/Curriculum ___ Other: _____

What could have made your experience at Ave Maria University better?

Did you choose to attend another college? If yes, which college?

Do you intend to return to Ave Maria University in the future? No ___ Yes ___ If so, when? _____

What improvements should be made at Ave Maria University before you would consider returning?

What was the main determining factor or event that persuaded you to withdraw?

The University would like to thank you for completing this form and wishes you success in all your future endeavors. The information collected on this survey will remain confidential, pursuant to the directives of the Family Educational Rights and Privacy Act (FERPA).



The official withdrawal date being used to establish your last day of attendance is . This date is used to calculate the amount, if any, of Title IV assistance that must be returned to the program from which it was disbursed.

The law specifies how AMU must determine the amount of Title IV program assistance that you earn if you withdraw from school. When you withdraw prior to completing a semester for which you have received or are scheduled to receive financial aid, the amount of Title IV program assistance you have earned up to that point is determined by a specific formula on a prorata basis. If you have received (or your school or parent has received on your behalf) less assistance than the amount that you earned, you may be able to receive those additional funds. If you received more assistance than you earned, the excess funds must be returned by you and/or the school. Any amount of unearned grant funds that you must return is called an overpayment. You must make arrangement with your school or the Department of Education to return the unearned grant funds.

I understand that AMU may have to return unearned Title IV funds and I am responsible for repaying the returned funds to AMU if applicable:

_____ Date: _____

If you did not receive all of the funds that you earned, you may be due a post-withdrawal disbursement. If this disbursement includes Pell Grant, AMU may receive and apply the funds to your balance owed, if any. If this disbursement includes loan funds, you must give AMU your permission before the loan is disbursed. You may choose to decline some or all of the loan funds so that you do not incur additional loan debt. You may also choose to allow the funds to disburse to the university to reduce your institutional debt, if any.

I want to accept a post withdrawal disbursement of financial aid:

_____ Apply to balance: YES _____ NO _____

OR

I decline the post withdrawal disbursement of financial aid

If you have been selected for verification but have not submitted all information required by the FAO to complete the verification process, you will forfeit your right to a post withdrawal disbursement after 120 days of the withdrawal date indicated above.

I understand my rights and responsibilities regarding completion of verification: