



AUBURN UNIVERSITY
APPLICATION: ACADEMIC COMMON MARKET

Application Date: _____

Student Name: _____

ID #: _____ SS #: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Current Phone: _____ Email: _____

Permanent Address: _____

City: _____ State: _____ ZIP: _____

Permanent Phone: _____

Major: _____

Term to Initiate ACM Status: _____

State of Residency: _____

For office use only:

- ☐ Verify State Eligibility
- ☐ Verify Hours/GPA _____
- ☐ Letter to Student
- ☐ Letter to Student / State Coordinator
- ☐ Certificate of Residency
- ☐ Letter to Student
 - ☐ Accept
 - ☐ AU-ACM Form
 - ☐ Deny
 - ☐ Defer
- ☐ Residency Update Date: _____

Signature: _____ Date: _____

Complete and return to au-acm@auburn.edu