AUBURN UNIVERSITY

APPLICATION: ACADEMIC COMMON MARKET

Application Date:		
Student Name:		
ID #:		
Current Address:		
City:		ZIP:
Current Phone:	Email:	
Permanent Address:		
City:		
Permanent Phone:		
Major:		
Term to Initiate ACM Status:		
State of Residency:		
**Please attach an unofficial transcript		
For office use only:		
□ Verify State Eligibility □ Verify Hours/GPA □ Letter to Student □ Letter to Student/ State Coordinator □ Certificate of Residency □ AU- ACM Form □ Letter to Student □ Accept □ Deny		
☐ Defer		
☐ Residency Update Date:		Date:
Signature:		Daic.

Complete and return to au-acm@auburn.edu.