

Academic Common Market



AUBURN

APPLICATION

Application Date: _____ Student ID #: _____

Student Name: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Current Phone: _____ Auburn 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