

**AUBURN UNIVERSITY
APPLICATION FOR THE
ACADEMIC COMMON MARKET**

Application

Date: _____

Student Name: _____

ID#: _____ SS#: XXX-XX-_____

Current Address: _____

City: _____ State: _____ ZIP: _____

Current Phone: _____ Email: _____

Permanent Address: _____

City: _____ State: _____ ZIP: _____

Permanent Phone: _____

Major: _____

Term to Initiate ACM Status: _____

State of Residency: _____

**Please attach an unofficial transcript.

COMMENTS:

For office use only:

approved

deferred/postponed

denied

Signature: _____ Date: _____