

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

Application
Date: _____

Student Name: _____

ID #: _____ SSN: _____

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: _____