



Withdrawal Authorization Form

| | | | |
|------------------------|----------------------|--|--------------------------------|
| Name of Student: _____ | | Student Number: _____ | |
| Current Address: _____ | | | |
| Phone Number: _____ | Email Address: _____ | Withdrawing from: _____ Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____ | Last Date of Attendance: _____ |

To officially withdraw from all classes at AUM, please complete this form and submit it to the Registrar's Office. Withdrawals will not be granted beyond one year (3 semesters) except for extenuating circumstances.

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|---|---|--|----------------------------------|
| SECTION A. Please select the primary reason for withdrawing from AUM. | | | |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Military | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Course Availability | <input type="checkbox"/> Never Attended | _____ | |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Personal | Additional Comments Regarding Withdrawal: | |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Transfer to Another School | _____ | |
| <input type="checkbox"/> Health/Medical | Which School? _____ | _____ | |
| _____ | | | |
| SECTION B. Select all that apply. Please notify the appropriate parties of your intent to withdraw. | | | |
| <input type="checkbox"/> Graduate Assistantship? - Notify the department awarding your assistantship of your intent to withdraw. | | | |
| <input type="checkbox"/> Financial Aid Received? - Contact the Financial Aid office at 334-244-3571. | | | |
| <input type="checkbox"/> Veterans Benefits Received? - Contact the Veterans Affairs office at 334-244-3368. | | | |
| <input type="checkbox"/> International Student? - Contact the Office of Global Initiatives at 334-244-3375. | | | |
| <input type="checkbox"/> Student Athlete? - Contact the Faculty Athletic Representative at 334-244-3787. | | | |
| SECTION C. Please read each item carefully. Initial that you understand the terms and conditions. | | | |
| I understand that even though I am withdrawing from AUM, I am responsible for all outstanding obligations to the university. | | | Initials <input type="text"/> |
| I understand that if I live in the residence halls, it is my responsibility to meet with the Housing Department to complete any required paperwork. | | | <input type="text"/> |
| I understand that withdrawing from classes may impact financial aid. You are encouraged to contact Financial Aid to understand exactly how your withdrawal will affect financial aid eligibility. | | | <input type="text"/> |
| I understand that I am withdrawing from all of the classes in which I am currently enrolled. | | | |
| Student's Signature: _____ | | Date: _____ | |
| Processed: _____ | | Date: _____ | |

Registrar's Office

Room 114 Taylor Center

registrar@aum.edu

ADDRESS: P.O. Box 244023, Montgomery, AL 36124-4023; PHONE: 334-244-3125 FAX: 334-244-3993