

## Withdrawal Authorization Form

Name of Student:			Student Number:
Current Address:			
Phone Number:	Email Address:	Withdrawing from	: Last Date of Attendance: Fall Spring Summer Year:
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.			
SECTION A. Please select the primary reason for withdrawing from AUM.			
Academic Course Availabi Employment Financial Health/Medical	Personal Transfer to	Another School	Other Additional Comments Regarding Withdrawal:
SECTION B. Select all that apply. Please notify the appropriate parties of your intent to withdraw.			
Graduate Assistantship? - Notify the department awarding your assistantship of your intent to withdraw.  Financial Aid Received? - Contact the Financial Aid office at 334-244-3571.  Veterans Benefits Received? - Contact the Veterans Affairs office at 334-244-3368.  International Student? - Contact the Office of Global Initiatives at 334-244-3375.  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.  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.			
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.			
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