# Withdrawal Authorization Form

**Name of Student:**

**Student Number:**

**Current Address:**

**Phone Number:**

**Email Address:**

**Withdrawing from:**

<table>
<thead>
<tr>
<th>Term</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
<th>Year</th>
</tr>
</thead>
</table>

**Last Date of Attendance:**

**Withdrawing from:***

- [ ] Academic
- [ ] Military
- [ ] Other

**Additional Comments Regarding Withdrawal:**

**Current Address:**

**Academic**

**Course Availability**

**Employment**

**Financial**

**Health/Medical**

**Transfer to Another School**

**Which School?**

**Other**

**Which School?**

**Additional Comments Regarding Withdrawal:**

**Student’s Signature:**

**Date:**

**Processed:**

**Email Address:**

**Phone Number:**

**Current Address:**

**Academic**

**Course Availability**

**Employment**

**Financial**

**Health/Medical**

**Transfer to Another School**

**Which School?**

**Other**

**Additional Comments Regarding Withdrawal:**

**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.

**I understand that even though I am withdrawing from AUM, I am responsible for all outstanding obligations to the university.**

**Initials**

**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:**

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**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