## BOSTON UNIVERSITY WITHDRAWAL/LEAVE OF ABSENCE FORM

GRADUATE students must submit this form to their Academic Dean's Office. UNDERGRADUATE students must submit this form to the University Service Center. MET NON-DEGREE and MET PART-TIME students must submit this form to Metropolitan College. All other NON-DEGREE students must submit this form to their Academic Dean's Office.

DVID (G.:10 · · · · · ·	Action to Take Effect (Semester Semester (Circle One) Ye	
B.U.I.D. / Social Security Number	Fall Spring	
	1 an Spring	
Type of Leave Requested (Circle One)	Planned Semester of Return Semester (Circle One)	Year of Return
Withdrawal Leave of Absence	Fall Spring	
	Number of Semesters for Leave (Circle One) 1 2	e of Absence 3 4
Last Name	(Circle Offe) 1 2	3 4
First Name Middle Initial		
Address		
Cin		State 7in Code
City		State Zip Code
Province & Country (If Foreign Address)		
	Email:	
Reason for Leaving		
Are you an international student in F-1 or J-1 immigration status?  \( \subseteq \text{Yes} \subseteq \subseteq \text{No} \) If yes, you must consult with your ISSO advisor prior to taking a leave of absence or withdrawing.		
Name of ISSO Advisor Date of Meeting		
REFUNDS	STUDENT	
Recipients of Financial Assistance must request a refund in v	ting Please note: If your Withdrawal/Lea	ve of Absence will be effective for
through their Office of Financial Assistance. All other students must request a refund in writing from Student Accounting Services, 881 the current semester, you are required to vacate University Housing within 48 hours of submitting the Withdrawal/Leave of Absence form.		
Commonwealth Avenue, Basement Floor. Please refer to the Registrar's Office website, www.bu.edu/reg. for the current semester's Refund Schedule.		
Student's Signature Date (Month - Day - Year)		
FOR OFFICIAL USE ONLY - ADMINISTRATIVE ACTION		
Withdrawal Status Code Exit Interview Reason Code(s)		
Authorized Signature		Date