



REQUEST FOR LEAVE OF ABSENCE FOR GRADUATE STUDENTS

Taking a leave from Boston University is a temporary interruption in studies that will affect campus housing, financial assistance, and visa status. All students are encouraged to consult with the following offices if applicable to their enrollment: School or College Financial Assistance Office, Housing, and ISSO, before requesting a leave. If approved, a leave is effective on the day a signed request is received by the appropriate office.

Undergraduate students should contact the University Service Center for assistance in arranging a leave of absence. Students wishing to return to the University after a leave of absence for non-medical reasons should consult their School or College for appropriate procedures to plan the return to their program.

Students wishing to return to the University after a leave for medical reasons must provide documentation to Student Health Services demonstrating that the student's health will allow for a successful completion of studies. More information at <http://www.bu.edu/shs/resources/forms/>

Requests for a leave of absence must be submitted to Enggrad@bu.edu.

Student Name and Contact Information:

First and Last Name: _____ BU ID #: _____
Date of Birth: _____ School or College: _____
Email: _____ Cell Phone #: _____
Address: _____

Leave Request Information:

Semester Leave will Begin: Fall Spring Year: _____
Semester to Return from Leave: Fall Spring Year: _____
Reason for Leave of Absence: _____

International Students: If you are an international student with an F-1 or J-1 visa status, you must meet with an ISSO Advisor regarding your planned leave. More information: <http://www.bu.edu/isso/>

Advisor Name: _____ Advisor Signature & Date: _____

Withdrawal & Tuition Refund Schedule: Information on Boston University's withdrawal and refund schedule can be found here: <http://www.bu.edu/reg/calendars/refund/>

Student Signature:

By signing below, I acknowledge that I have read the Leave of Absence Policy as outlined by my School or College, and understand how it may affect my housing, financial aid, visa (if applicable) and rate of degree/program completion.

Signature: _____ Date: _____

School Use Only:

Authorized Official's Signature: _____ Date Received: _____

Leave of Absence Code: _____ Reason Code(s): _____