PETITION FOR CHANGE OF CLASS YEAR

NAME__________________________________________________

ID #_______________________   E-MAIL______________________

Current Class Year (U1, U2, U3, U4) ________________________

Change Class Year to (U1, U2, U3, U4) ______________________

Expected Date of Graduation (Month & Year) ________________

NOTE: Changing your class year may affect future financial aid awards. Contact the BU Office of Financial Assistance and give due consideration to their advice before making any changes to your class year.

International students should contact ISSO before making any change to their class year.

Your signature below indicates that you have achieved the number of credits and also have made suitable progress towards your degree for the class year that you are requesting. Approved changes will be keyed to the following semester record, which is used as the basis for housing and registration.

Student signature____________________________________Date______________

After obtaining your faculty advisor’s recommendation and signature below, please submit this form to the Academic Services Center, Sargent College, room 207.

_______Change of class year accepted

_______Current class year to be retained

Rationale for recommendation:

Advisor signature____________________________________Date______________

ASC signature_______________________________________Date______________