



[Registrar's Office](#)

Boston University, Henry M. Goldman School of Dental Medicine

72 East Concord St, B341, Boston, MA 02118

P (617) 358-4233 F (617) 358-4269 E sdmreg@bu.edu

WITHDRAWAL/LEAVE OF ABSENCE

The effective date of the withdrawal/leave of absence will be the date that the completed form is received by the Office Academic Affairs or the Registrar (whichever is earliest). Please review the attached withdrawal/leave of absence checklist before signing this form.

U _____
BUID Number Last Name (include any former names) First Name Middle Name

Phone Number Email Address Visa Type

Select one: ☐ Withdrawal ☐ Leave of Absence

Effective term of leave/withdrawal: ☐ Fall ☐ Spring Year _____

Planned term of return: ☐ Fall ☐ Spring Year _____

Degree: ☐ DMD ☐ DMD Advanced Standing

☐ CAGS ☐ MSD ☐ DScD ☐ DSc in ☐ DPH ☐ Digital ☐ Geriatric ☐ Endo ☐ Operative
☐ Fellowship/Internship ☐ OB ☐ OS ☐ Ortho ☐ Pedo ☐ Perio ☐ Pros

Current expected graduation date: _____ / _____
(LOA only) MM / YYYY

Expected graduation date upon return: _____ / _____
(LOA only) MM / YYYY

Reason(s) for leave/withdrawal: _____
Attach any relevant documents to this form.

Required signatures:

Student Signature	Date
SDM Associate Dean for Academic Affairs	Date
SDM Department Chair/Program Director (postdoctoral students only)	Date
SDM Office of the Registrar	Date

WITHDRAWAL/LEAVE OF ABSENCE CHECKLIST

- ☐ **Schedule a Meeting** to discuss how a leave of absence will affect your academic progress, or your decision to withdraw from your program.
 - **Pre-Doctoral DMD and DMD AS Students:** Meet with Dr. McCausland. Contact Academic Affairs at sdmaa@bu.edu schedule an appointment.
 - **Post-Doctoral Students:** Meet with your Department Chair or Program Director.
- ☐ **Understand the financial implications of your withdrawal/leave of absence:**
 - Non-attendance does not reduce a student's financial obligation to the University. Refunds, where applicable, will be assessed in accordance with the effective date of the leave of absence/withdrawal.
 - **Students Receiving Financial Aid or Loans** must contact the [Office of Student Financial Services](#) to understand how a withdrawal or leave of absence will affect financial aid. If you received loans, part or all of your loans may be returned to your lender based on your last date of attendance. Contact OSFS-SDM@bu.edu to schedule an appointment.
- ☐ **International students** must contact the [International Students and Scholars Office](#) prior to requesting a withdrawal or leave of absence. Contact Peter Buschkopf at pbusch@bu.edu.
- ☐ **Students enrolled in the Student Health Insurance Plan (SHIP)** should contact insmed@bu.edu to determine eligibility to either retain or cancel SHIP.
- ☐ **After completing the above actions,** complete and sign pages 1 and 2 of this document and return via email to Academic Affairs at sdmaa@bu.edu.

Student Signature: _____