Boston University College of Health
& Rehabilitation Sciences: Sargent College

Academic Services Center
635 Commonwealth Avenue
Boston Massachusetts 02215

Petition for Change of Class Year

NAME: _____

BU ID#: _____ **E-MAIL:** _____

Current Class Year: Check one: ☐ **U1** ☐ **U2** ☐ **U3** ☐ **U4**

Change Class Year to: Check one: ☐ **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.

Check One:

☐ **Change of class year accepted**

☐ **Current class year to be retained**

Rationale for recommendation:

Advisor Signature: _____ **Date:** _____

ASC Signature: _____ **Date:** _____