

Registrar's Office

Boston University | School of Public Health 715 Albany St, Talbot 210 | Boston, MA 02118 Fax (617) 638-5060 Email sphregr@bu.edu

LEAVE OF ABSENCE/WITHDRAWAL

Read the complete Leave of Absence/Withdrawal policy on the second page of this form or on the <u>Academic Bulletin</u>. The effective date of the Leave of Absence/Withdrawal will be the date that the completed form is received by the School of Public Health's Registrar's Office. Non-attendance does not reduce a student's financial obligation to the University; possible refunds will only be assessed if this completed form is received by SPH's Registrar's Office. Students who withdraw or take a leave of absence on or after the first day of the semester are subject to the <u>Withdrawal and Tuition Refund Schedule</u>, which will be adjusted based on SPH enrollment dates.

Degree:	Degree:	J D Number		Last Name (include any	former names)	First Na	ame	Middle Name
Degree: MPH BA/MPH BS/MPH MBA/MPH JD/MPH MS/MPH MS/M	Degree:							
MD/MPH MSW/MPH MS PhD DrPH Non-Degree/Cross-registration Relect one:	MD/MPH MSW/MPH MS PhD DrPH Non-Degree/Cross-registration Months Mont	hone Number	 	Non-BU Email Address			Citizenship	Visa Type
Leave of Absence	Leave of Absence Withdrawal Iffective semester: Fall Spring Summer Year	egree:	□MPH □ BA	/MPH □ BS/MPH	□ MBA/MP	PH □ JD/MPH	□ MS/MPH	
Fall	Fall		□MD/MPH	□ MSW/MPH □ M	IS □ PhD	□ DrPH □ Noi	n-Degree/Cross-	-registration
Current expected graduation date: Fall	Current expected graduation date: Fall Spring Year	elect one:		□ Leave o	of Absence	□ Withdrawa	I	
Planned semester of return:	Planned semester of return:	ffective seme	ester:	□ Fall	□ Spring	□ Summer	Year	
Current expected graduation date:/ Expected graduation date upon return:/	Current expected graduation date: / Expected graduation date upon return: /	Leave of Abs	ence Only					
Reason(s) for leave/withdrawal: Attach any relevant documents to this form. Student Signature Date Students in MS and doctoral programs must obtain signed approval from their program director. Program Director (Print Name) Signature Date	Reason(s) for leave/withdrawal: Attach any relevant documents to this form. Student Signature Date Registrar's Office Signature Date Students in MS and doctoral programs must obtain signed approval from their program director. Program Director (Print Name) Signature Date	Planned seme	ester of return:	□ Fall		□ Spring	Year	
Attach any relevant documents to this form. Required signatures: Student Signature Date Registrar's Office Signature Date Students in MS and doctoral programs must obtain signed approval from their program director. Program Director (Print Name) Signature Date	Attach any relevant documents to this form. Required signatures: Student Signature Date Registrar's Office Signature Date Students in MS and doctoral programs must obtain signed approval from their program director. Program Director (Print Name) Signature Date			MM YYYY	Ext	bected graduatic	on date upon ret	
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Program Director (Print Name) Signature Date	Program Director (Print Name) Signature Date	Registrar's Office S	Signature			Date		
Program Director (Print Name) Signature Date	Program Director (Print Name) Signature Date							
		Students in M	1S and doctoral	programs must obta	ain signed ar	oproval from the	eir program dire	ctor.
	International students on visas must contact the Office of International Students and Scholars Office to ensu	Program Director	(Print Name)	S	ignature			Date
	International students on visas must contact the Office of International Students and Scholars Office to ensu							

Students who are recipients of financial aid must contact the Office of Student Financial Services to ensure understanding of the process.

School of Public Health Policy

Leave of Absence or Withdrawal

A degree candidate in good standing may request up to two semesters of leave of absence from the School of Public Health by completing a Request for Leave of Absence or Withdrawal form prior to the official start of the semester in which he or she wishes to take the leave of absence. In addition to the website, "Request for a Leave of Absence or Withdrawal" forms are available on the shelves outside the Registrar's Office on Talbot 210 Center.

To avoid academic and financial penalties, students must withdraw prior to the first day of the upcoming academic semester by completing a Request for a Leave of Absence or Withdrawal. If the School of Public Health Registrar does not receive a registered student's request to take a leave of absence or to withdraw from the program prior to the start of the semester, the student will be liable for tuition and fees for registered courses based upon University policy. Students receiving tuition remission benefits from Boston University should contact their benefits representative for information should they seek to withdraw or file a Leave of Absence in addition to contacting the SPH Registrar's Office.

Degree candidates who fail to register for two consecutive fall and spring semesters without receiving approval from the SPH Registrar will be administratively withdrawn. Lack of registration does not constitute an official leave of absence or withdrawal.

If requesting a Leave of Absence, the request should include a reason for requesting the leave, the anticipated date of return to the degree program, the student's name, address, Boston University identification number, and department(s) of concentration. Leaves of absence due to medical reasons are handled according to the procedures below. Students who are not able to continue in their degree program due to relocation, ongoing academic difficulty, or other personal circumstances may voluntarily withdraw from Boston University.

Leaves of Absence for Medical Reasons

Sometimes a student may need to interrupt their studies for medical reasons. The University Student Health Services Office and the SPH Office of Graduate Student Life can assist a student who is deciding whether to take a medical leave and advise them about the steps necessary for a successful return. A student's request for a leave of absence for medical reasons must be reviewed by Student Health Services or its designee.

University policy requires that a student "seeking to reenroll after a medical leave must demonstrate to the University that the student's health permits the successful completion of studies." The best timeframe to submit all materials to demonstrate good health will vary based on the desired semester of re-enrollment.

BU Student Health Services Contact: Mitzi Kane, Care Coordinator dkane@bu.edu
BU SPH Contact: Mary Murphy-Phillips, Director of Graduate Student Life mcmurph@bu.edu