

BOSTON UNIVERSITY WITHDRAWAL/LEAVE OF ABSENCE FORM

GRADUATE students must submit this form to their Academic Dean's Office. **UNDERGRADUATE** students must submit this form to the University Service Center. **MET NON-DEGREE** and **MET PART-TIME** students must submit this form to Metropolitan College. All other **NON-DEGREE** students must submit this form to their Academic Dean's Office.

B.U.I.D. / Social Security Number

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Action to Take Effect (Semester and Year)

Semester (Circle One)	Year	College
Fall Spring		

Type of Leave Requested (Circle One)

Withdrawal Leave of Absence

Planned Semester of Return

Semester (Circle One)	Year of Return
Fall Spring	

Number of Semesters for Leave of Absence
(Circle One) 1 2 3 4

Last Name

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First Name	Middle Initial

Address

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City	State	Zip Code

Province & Country (If Foreign Address)

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Telephone Number: _____
Email: _____

Reason for Leaving _____

Are you an international student in F-1 or J-1 immigration status? Yes No
If yes, you must consult with your ISSO advisor prior to taking a leave of absence or withdrawing.

Name of ISSO Advisor _____ Date of Meeting _____

REFUNDS	STUDENT HOUSING
Recipients of Financial Assistance must request a refund in writing through their <i>Office of Financial Assistance</i> . All other students must request a refund in writing from <i>Student Accounting Services, 881 Commonwealth Avenue, Basement Floor</i> . Please refer to the Registrar's Office website, www.bu.edu/reg . for the current semester's Refund Schedule.	Please note: If your Withdrawal/Leave of Absence will be effective for the current semester, you are required to vacate University Housing within 48 hours of submitting the Withdrawal/Leave of Absence form.

Student's Signature _____ Date (Month - Day - Year) _____

FOR OFFICIAL USE ONLY - ADMINISTRATIVE ACTION

Withdrawal Status Code	Exit Interview Reason Code(s)	

Authorized Signature _____ Date _____