



[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](mailto: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 of the Registrar. The complete withdrawal/leave of absence policy is available on the [Academic Bulletin](#). Please review this policy and 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 semester of leave/withdrawal:  Fall  Spring Year \_\_\_\_\_

Planned semester 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:

_____	_____
<b>Student Signature</b>	<b>Date</b>
_____	_____
<b>SDM Assistant Dean for Academic Affairs</b>	<b>Date</b>
_____	_____
<b>SDM Department Chair/Program Director (postdoctoral students only)</b>	<b>Date</b>
_____	_____
<b>SDM Office of the Registrar</b>	<b>Date</b>

**Tuition Refund Schedule (based on SDM's enrollment dates and the effective date of the withdrawal/leave)**  
Withdrawal prior to the first day of classes/ orientation (new students): 100% tuition and applicable fees  
Withdrawal during the first two weeks of classes: 80% tuition, 0% fees  
Withdrawal during the third week of classes: 60% tuition, 0% fees  
Withdrawal during the fourth week of classes: 40% tuition, 0% fees  
Withdrawal during the fifth week of classes: 20% tuition, 0% fees  
Withdrawal after the fifth week of classes: 0% tuition, 0% fees

## 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](mailto: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:**
  - **Review the published tuition refund schedule** on page 1 of this document. Non-attendance does not reduce a student's financial obligation to the University. Refunds, where applicable, will be assessed in accordance with this schedule and based on the withdrawal/leave of absence effective date and the student's program start date.
  - **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](mailto:OSFS-SDM@bu.edu) to schedule an appointment.
  
- **International students on F1 or J1 visas** must contact the [International Students and Scholars Office](#) prior to requesting a withdrawal or leave of absence. Contact Peter Buschkopf at [pbusch@bu.edu](mailto:pbusch@bu.edu).
  
- **Students enrolled in the Student Health Insurance Plan (SHIP)** should contact [insmed@bu.edu](mailto: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](mailto:sdmaa@bu.edu).

Student Signature: \_\_\_\_\_