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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Type of Leave Requested (Circle One)

Withdrawal Leave of Absence

Action to Take Effect (Semester and Year)

Semester (Circle One) Year College

Fall Spring

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

First Name Middle Initial

Address

City State Zip Code

Province & Country (If Foreign Address)

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 *Office of Financial Assistance*. All other students must request a refund **in writing** from *Student Accounting Services, 881 Commonwealth Avenue, Basement Floor.* 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

White Copy: Registrar's Office Yellow Copy: School Pink Copy: Student