Graduate Student Transaction Form

Instructions: Please fill out the personal information on top and the appropriate box below. Submit this completed form to the Office of Graduate Admission, Financial Aid and Student Services in Campion 135. Please keep a copy for your records. This form is for Master's/C.A.E.S. students in the LSOE ONLY.

Name: ___________________________________ Eagle ID#: ___________________ Date: ___________

Degree Program: __________________________ E-mail: ________________________________

Local Address: ____________________________________________ Phone: _______________________

New Advisor Request

Current Advisor: __________________________ Requested Advisor: ____________________________

Signature of Requested Advisor: ____________________________ Date: _______________________

Graduation Term Change Request

The graduation term listed on Agora is not necessarily the term in which a student plans to graduate. This term is entered based on the maximum number of years (5 for Master’s and 8 for Doctoral) that a student has to complete the program. Once you have submitted a Program of Study form, your graduation term will be updated. You may request that your graduation term be updated sooner by providing the following information.

Term in which you plan to graduate:

- ☐ Fall (December)
- ☐ Spring (May)
- ☐ Summer (August)

Year:

- ☐ 2014
- ☐ 2015
- ☐ 2016
- ☐ 2017
- ☐ 2018
- ☐ 2019

Registration Co-requisite Exception

Please register me for _________________________________ without registering me for co-requisite course number ________________________________

course number ________________________________.

course number

Signature of Student ___________________________________ Signature of Associate Dean of Graduate Studies ___________________________
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Name: __________________________________ Eagle ID#: ___________________      Date: ___________

Degree Program: __________________________ E-mail: _________________________________________

Local Address: ______________________________________________ Phone: _______________________

Drop/Add a Course: Academic Year 20__ to 20__ Semester: ☐ Fall ☐ Spring ☐ Summer
Drop Course# __________________     Add Course# _________________

Withdraw from a Course: Academic Year 20__ to 20__ Semester: ☐ Fall ☐ Spring ☐ Summer
Course # ___________________________ Effective Date: ____________________________________  Reason ________________
(Refer to BC catalog for tuition charges and refunds)

Course Substitution and/or *Waiver: If your Program of Study has already been completed, approved, and you need to make a change, please indicate your changes here.

Course ___________________________ to be substituted for __________________________
   (course name and number)             (course name and number)
Course ___________________________ to be substituted for __________________________
   (course name and number)             (course name and number)
*attach transcript for course waiver request and seek out your faculty advisor’s approval________________________________________
   (faculty advisor’s signature)

Course Exception: Change course number ____________ from credit to AUDIT.              _____________________________
   (faculty signature if necessary)
Change course number ____________ from audit to CREDIT.          _____________________________

Leave of Absence or Withdrawal from Program: Use “Leave of Absence / Withdrawal form”
Link: www.bc.edu/schools/lsoe/resources/student_forms.html

Readmission: Use “Master’s Readmission Request form”
Link: www.bc.edu/schools/lsoe/resources/student_forms.html

Signature of Student                               Signature of Associate Dean of Graduate Studies

2014s