

# Undergraduate Withdrawal/Leave of Absence

► Please complete this form and bring it to your Dean's Office for approval.

## Dean's Office Addresses:

Boston College  
Office of the Associate Dean  
Lynch School of Education  
Campion Hall 104  
Chestnut Hill, MA 02467

Boston College  
Office of the Associate Dean  
Carroll School of Management  
Fulton Hall 360  
Chestnut Hill, MA 02467

Boston College  
Office of the Undergraduate Dean  
Connell School of Nursing  
Cushing Hall 202  
Chestnut Hill, MA 02467

Boston College  
Office of the Dean  
College of Arts & Sciences  
Gasson Hall 109  
Chestnut Hill, MA 02467

Name \_\_\_\_\_  
Last First M.I.

Eagle ID Number 

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Permanent Address \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_

Local Address \_\_\_\_\_

Local Telephone ( ) \_\_\_\_\_

- Have you ever received Financial Aid?  yes  no
- Will you complete the present semester?  yes  no
- Degree Program (e.g., B.S., B.A., etc.) and major: \_\_\_\_\_
- Have you ever been assigned BC Housing?  yes  no
- Expected Graduation Date: \_\_\_\_\_
- What was or will be the last date you attend classes at BC? \_\_\_\_\_

Month / Day / Year

► Please indicate whether you are taking a leave of absence, transferring to another school, or withdrawing (check one):

Leave of Absence Reason \_\_\_\_\_

When do you plan to return? (circle one) Fall Spring 20 \_\_\_\_  
*(NB: No academic work taken during your leave will be credited towards your degree unless specifically authorized in advance by your Dean. You should apply for readmission through the Office of Student Services at least six weeks before the semester in which you plan to return. All applicants for readmission must be cleared by an Associate Dean.)*

Transfer to  Woods College of Advancing Studies  
Do you plan to complete your degree in the Woods College of Advancing Studies? \_\_\_\_\_ If not, when do you plan to return to the day school? (circle one) Fall Spring 20 \_\_\_\_ *(NB: Readmission approval of your Dean is required.)*

Another college or university  
Where/Why \_\_\_\_\_

Withdrawal Reason \_\_\_\_\_  
*(Leaving BC permanently)*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Dean's Authorization \_\_\_\_\_ Date \_\_\_\_\_

Conditions for readmission: \_\_\_\_\_

**FOR STUDENT SERVICES' USE ONLY**

Effective term \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Transaction Week \_\_\_\_\_ Status \_\_\_\_\_

Date Processed \_\_\_\_\_ Date entered on the Computer \_\_\_\_\_

Authorizing Signature \_\_\_\_\_