Graduate Course Withdrawal Form

INSTRUCTIONS: Use this form to withdraw from courses after the registration deadline. Courses dropped after the registration period are recorded as a “W” and require Associate Dean’s approval. Refer to the Boston College Graduate Catalog or contact the Office of Student Services for semester withdrawal deadline. The Office of Student Services will complete the refund section below.

Date: _______________ Academic Year: _____ to _____ Semester: ❑ Fall ❑ Spring ❑ Summer

Eagle ID Number: _______________ _______________ _______________

Name: ____________________________________________________________________________________
                                                    Last                   First

Course Number                            No. of Credits              Effective Date (For Associate Dean’s office use)

☒  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐

Associate Dean’s Approval: ______________________________________________________________________   Date: ____________

Please Note:  There is a partial refund of tuition only (fees are not refundable) for courses approved as withdrawals during the first five weeks of class. Refer to the Refund Schedule in the Boston College Graduate Catalog for specific refund dates. Thesis Direction, Doctoral Continuation, and audits are considered fees and are not refundable.

If there is a credit balance on my account as a result of a refund, I request the Office of Student Services to take the following action: (check one)

☒  Credit my student account
☒  Issue a refund check to this address: Street:
                                               City: _____________________________ State: _____ Zip: _________

☒  Adjust BCPP payments

Credit Memo (Refund of Tuition)

☒  Tuition Remission ❑  B.C. Employee

Cancel Tuition: _______________ % $ _____________

Cancel other charges (specify): $ _____________

TOTAL: $ _____________

Authorized signature (Student Services): ______________________________________________________________________   Date: ____________

White Copy: Student Services                      Yellow Copy: Academic Folder                      Pink Copy: Student