

Graduate Student Withdrawal/Leave of Absence Form

BOSTON COLLEGE
Office of Student Services

► **INSTRUCTIONS:** Please complete the following information and return this form to the Office of Student Services. If you are mailing this form, send it to: **Boston College, Office of Student Services, Lyons Hall, Chestnut Hill, MA 02467, Attn: Graduate Records Specialist.**

Eagle ID Number:

Name: _____
Last First

Address: _____
Street

City State Zip Phone: _____

Expected Degree: _____

Major: _____

Requires Permission of Associate Dean:
(see below)

- GA&S (02) Candace Hetzner
- LAW (04) Elizabeth Rosselot
- GSSW (06) Teresa Schirmer
- LSOE, Graduate Programs (10) Elizabeth Sparks
- CSOM, Graduate Programs (11) Jeffrey Ringuest
- CSON, Graduate Programs (14) M. Katherine Hutchinson
- STM (18) Jennifer Bader

► **Please check the appropriate category:** Withdrawal Leave of Absence

Reason for withdrawal or leave of absence: _____

Will you complete the present semester? _____

If not, what courses will you be withdrawing from? _____

What was or will be the last date that you attend classes at BC? _____
month day year

Do you plan to return to BC? _____ If yes, when? Fall 20_____ or Spring 20_____

Student's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Conditions for Readmission

Associate Dean's Signature: _____

Conditions for Readmission: _____

Effective Term: _____ Withdrawal Date: _____ Transaction Week: _____ Status: _____

Date Processed: _____

Authorizing Signature: _____