Graduate Student Withdrawal/Leave of Absence Form

INSTRUCTIONS: Please complete the following information and return it to your dean's office.

Eagle ID Number: ____ ____ __________

Name: ____________________________________________________________

Address: __________________________________________________________

Street

City __________ State __________ Zip __________

Phone: __________________________

Requires Permission of Associate Dean:

❏ GGMCAS (02) Candace Hetzner
❏ LAW (04) Elizabeth Rosselot
❏ BCSSW (06) Teresa Schirmer
❏ Lynch, Graduate Programs (10) Elizabeth Sparks
❏ CSOM, Graduate Programs (11) Marilyn Eckelman
❏ CSON, Graduate Programs (14) Susan Kelly-Weeder
❏ 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: __________________________

Revised 3/19/19