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: __________________________________________________________

Last

First

Address: ________________________________________________________

Street

City ___________________ State ______ Zip

Phone: _______________________

Requirements 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