

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 "Ws" and require Dean's approval. Refer to the Boston College Catalog or contact the Office of Student Services for semester withdrawal deadline. **The Office of Student Services will complete the refund section below.**

Today's Date: _____ Academic Year: 20 ____ — ____ Semester: Fall Spring Summer School: GA&S CGSOM GSOE GSON GSSW LAW STM

Eagle ID Number:

Student Name: _____
Last First

Course Number	No. of Credits	*For Dean's office use	
		Effective Date*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 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 account Issue a refund check to this address: Street: _____ City: _____ State: _____ Zip: _____ Credit my credit card: Account #: _____ Expiration Date: _____ Adjust BCPP payments

Credit Memo (Refund of Tuition)	OFFICE USE ONLY	Adjust GTR Counter # credits: _____
<input type="checkbox"/> Tuition Remission <input type="checkbox"/> B.C. Employee		Adjust Financial Aid # credits: _____
Cancel Tuition: _____%	\$ _____	
Cancel other charges (specify): _____	\$ _____	
	TOTAL: \$ _____	
Authorized signature (Student Services): _____		Date: _____