

Undergraduate Withdrawal/Leave of Absence

► Please complete this form and bring it to your Dean's Office for approval.

Dean's Office Addresses:

Boston College
Office of the Assistant Dean
Lynch School of Education
Campion Hall 104
Chestnut Hill, MA 02467

Boston College
Office of the Associate Dean
Carroll School of Management
Fulton Hall 315
Chestnut Hill, MA 02467

Boston College
Office of the Undergraduate Dean
Connell School of Nursing
Cushing Hall 202
Chestnut Hill, MA 02467

Boston College
Office of the Dean
College of Arts & Sciences
Gasson 109
Chestnut Hill, MA 02467

Name _____ Eagle ID Number

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Last First M.I.

Permanent Address _____

Home Telephone () _____

Local Address _____

Local Telephone () _____

• Have you ever received Financial Aid? yes no

• Have you ever been assigned BC Housing? yes no

• Expected Graduation Date: _____

• Degree Program (e.g., BS, BA, etc.) and major:

• Will you complete the present semester? yes no

• What was or will be the last date you attend classes at BC?

Month / Day / Year

► Please indicate whether you are taking a leave of absence, transferring to another school, or withdrawing (check one):

Leave of Absence Reason _____

When do you plan to return? (circle one) Fall Spring 20 _____

(NB: No academic work taken during your leave will be credited towards your degree unless specifically authorized in advance by your Dean. You should apply for readmission through the Office of Student Services in Lyons Hall at least six weeks before the semester in which you plan to return; all applicants for readmission must be cleared by an Associate Dean.)

Transfer to BC College of Advancing Studies

Do you plan to complete your degree in the College of Advancing Studies? _____ If not, when do you plan to return to the day school? (circle one) Fall Spring 20 _____ *(NB: Readmission approval of your Dean is required.)*

another college or university
Where/Why _____

Withdrawal Reason _____

(leaving BC permanently)

Student's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Dean's Authorization _____ Date _____

Conditions for readmission: _____

FOR STUDENT SERVICES' USE ONLY

Effective term _____ Withdrawal Date _____ Transaction Week _____

Status _____ Date Processed _____

Authorizing Signature _____