

# Undergraduate Readmission

► **Instructions:** Please complete the following information.

► **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 360  
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 Associate Deans  
College of Arts & Sciences  
Gasson 109  
Chestnut Hill, MA 02467

Eagle ID Number   Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Permanent Address: \_\_\_\_\_  
No. & Street City State Zip

Local Address: \_\_\_\_\_  
No. & Street City State Zip

Permanent Telephone ( ) \_\_\_\_\_ Local Telephone ( ) \_\_\_\_\_

► **Returning Status:** Please complete the following regarding your returning status.

School Enrolled: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Program of study: \_\_\_\_\_

When did you begin your degree program? \_\_\_\_\_  
Month/Year

Last date you attended classes at Boston College? \_\_\_\_\_  
Month/Year

Semester you are planning to return to BC:  Fall  Spring 20\_\_\_\_\_

Have you ever received Financial Aid?  Yes  No Have you ever been assigned BC Housing?  Yes  No

From what status are you returning? (check one)  Voluntary Withdrawal  Mandatory Withdrawal  Leave of Absence **NOTE:** If you were required to leave for academic reasons, please forward a transcript of your work to your Dean. If you were on leave due to health reasons, please furnish a physician's statement certifying your readiness to return.

**FOR DEAN'S USE ONLY**

Readmission is:  Approved  Not approved

Effective Term: \_\_\_\_\_ Grad Year & Term: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_