BOSTON UNIVERSITY
WITHDRAWAL/LEAVE OF ABSENCE FORM

GRADUATE students must submit this form to their Academic Dean's Office. UNDERGRADUATE students must submit this form to the Dean of Students Office. MET NON-DEGREE and MET PART-TIME students must submit this form to Metropolitan College. All other NON-DEGREE students must submit this form to their Academic Dean's Office.

B.U.I.D. / Social Security Number

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Type of Leave Requested (Circle One)

Withdrawal Leave of Absence

Action to Take Effect (Semester and Year)

Semester (Circle One) Year College

Fall Spring

Planned Semester of Return

Semester (Circle One)

Fall Spring

Year of Return

Number of Semesters for Leave of Absence

(Circle One) 1 2 3 4

Last Name

First Name Middle Initial

Address

City State Zip Code

Province & Country (If Foreign Address)

Telephone Number

Reason for Leaving _____

REFUNDS	STUDENT HOUSING
Recipients of Financial Assistance must request a refund **in writing** through their *Office of Financial Assistance.* All other students must request a refund **in writing** from *Student Accounting Services, 881 Commonwealth Avenue, Fourth Floor.* Please refer to the *Class Schedule* for the current semester's Refund Schedule.	*Please note:* If your Withdrawal/Leave of Absence will be effective for the current semester, you are required to vacate University Housing within 48 hours of submitting the Withdrawal/Leave of Absence form.

Student's Signature

Date (Month - Day - Year)

FOR OFFICIAL USE ONLY - ADMINISTRATIVE ACTION

Withdrawal Status Code

Exit Interview Reason Code(s)

Authorized Signature

Date

White Copy: Registrar's Office Yellow Copy: School Pink Copy: Student