

**BOSTON UNIVERSITY  
WITHDRAWAL/LEAVE OF ABSENCE FORM**

B.U.I.D.

Type of Leave Requested

Withdrawal ☐

Leave of Absence ☐

Action to Take Effect (Semester and Year)

Semester

Year

College

Fall ☐ Spring ☐

Planned Semester of Return

Semester

Year of Return

Fall ☐ Spring ☐

Number of Semesters for Leave of Absence

1

☐

2

☐

Last Name

First Name

Personal Email

Address

City

State

Zip Code

Province & Country (If Foreign Address)

Telephone Number

Reason for Leaving:

Are you an international student in F-1 or J-1 immigration status? ☐ Yes ☐ No

If yes, you must consult with your ISSO advisor prior to taking a leave of absence or withdrawing.

Name of ISSO Advisor

Date of Meeting

**REFUNDS**

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, Basement Floor*. Please refer to the Registrar's Office website, [www.bu.edu/reg](http://www.bu.edu/reg), for the current semester's Refund Schedule.

**STUDENT HOUSING**

*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.

Program Director Signature

Student Signature

**SUBMIT COMPLETED FORM TO L-309**

**FOR OFFICIAL USE ONLY - ADMINISTRATIVE ACTION**

Withdrawal Status Code

Exit Interview Reason Code(s)

Authorized Signature

Date