

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 <input type="checkbox"/> Spring <input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Planned Semester of Return

Semester	Year of Return
Fall <input type="checkbox"/> Spring <input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

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, 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

Date Submitted

Student Signature

Date Submitted

SUBMIT COMPLETED FORM TO L-309

FOR OFFICIAL USE ONLY - ADMINISTRATIVE ACTION

Withdrawal Status Code

Exit Interview Reason Code(s)

Authorized Signature

Date