



WITHDRAWAL FORM

Graduate | Non-Degree Students

Graduate and Non-Degree students who would like to permanently discontinue their academic program at Boston University should submit this form to permanently withdraw from the University. All students are encouraged to consult with the following offices if applicable: [GMS Student Financial Services](#), [BU Housing](#), [ISSO](#), as well as their Program Director and GMSRegistrar@bu.edu when considering a permanent withdrawal.

Completed permanent withdrawal forms must be submitted to GMSRegistrar@bu.edu

Student Name and Contact Information:

First and Last Name: _____ BU ID #: _____

Date of Birth: _____ School or College: _____

Email: _____ Cell Phone #: _____

Address: _____

Academic Program Information:

Current Degree Program: _____

Major (if applicable): _____

Permanent Withdrawal Information:

Last Semester of Enrollment: ☐ Fall ☐ Spring Year: _____

Reason for Permanent Withdrawal: _____

International Students: If you are an international student with an F-1 or J-1 visa status, you must meet with an ISSO Advisor regarding your planned withdrawal. For more information contact: [International Students and Scholars Office](#).

Leave of Absence/Withdrawal & Tuition Refund Schedule: Information on Boston University's withdrawal and refund schedule can be found here: [LOA/Withdrawal and Refund Schedule](#)

Required Signatures:

Student Signature: _____ Date: _____

By signing above, I acknowledge that I have read the Leave of Absence Policy on page 2, as outlined by my Graduate Medical Sciences, and understand how it may affect my housing, financial aid, visa (if applicable) and rate of degree/program completion.

Program Director Signature: _____ Date: _____

School Use Only:

Authorized GMS Registrar Signature: _____ Date: _____

Withdrawal Code: _____ Reason Code(s): _____