

Undergraduate Readmission

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

► **Dean's Office Addresses:**

Boston College
Office of the Associate 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 Dean
College of Arts & Sciences
Gasson Hall 109
Chestnut Hill, MA 02467

Eagle ID Number

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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 **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.
 Mandatory Withdrawal
 Leave of Absence

FOR DEAN'S USE ONLY

Readmission is: Approved Not approved

Effective Term: _____ Grad Year & Term: _____

Dean's Signature: _____ Date: _____