

# Graduate Withdrawal/Leave of Absence Form

BOSTON COLLEGE  
Office of Student Services

► **INSTRUCTIONS:** Please complete the following information and return it to the Office of Student Services. If you are mailing this form, send it to: **Boston College, Office of Student Services, Lyons Hall, Chestnut Hill, MA 02467, Attn: Graduate Records Specialist.**

Eagle ID Number:

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Name: \_\_\_\_\_  
Last First Middle

Permanent Address:

No. and Street

City

State

Zip

Telephone: ( ) \_\_\_\_\_

School you are currently enrolled in (circle one)

CGSOM

GSSW

LAW

GA&S

LGSOE

GSON

STM

Expected Degree: \_\_\_\_\_

Major: \_\_\_\_\_

► **Please check the appropriate category:**

Withdrawal

Leave of Absence

Reason for withdrawal or leave of absence: \_\_\_\_\_

Will you complete the present semester? \_\_\_\_\_

If not, what courses will you be withdrawing from? \_\_\_\_\_

What was or will be the last date that you attend classes at BC?

month	day	year

Do you plan to return to BC? \_\_\_\_\_ If yes, when? Fall 20\_\_\_\_\_ or Spring 20\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Dean's signature, if necessary: \_\_\_\_\_

Effective term: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_ Transaction Week: \_\_\_\_\_ Status: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_