



# Withdrawal/Leave of Absence Form

(Boston University Dental School)  
<http://dentalschool.bu.edu/registrar>

Choose one:  
Withdrawal  
Leave of Absence

NAME: \_\_\_\_\_ BU ID number \_\_\_\_\_  
Last Name First Name

Effective Semester of Leave/Withdrawal: Fall Spring Year \_\_\_\_\_  
Planned Semester of Return: Fall Spring Year \_\_\_\_\_

SELECT BOX(ES):  
Predoctoral ( DMD or Advanced Standing) Graduation Year \_\_\_\_\_  
Postdoctoral Specialty: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
For additional space please attach a letter to form.

Student Signature: \_\_\_\_\_  
The leave/withdrawal is effective on the date this form is received by the SDM Registrar's Office. Date  
Please note: All applicable signatures are required.

Predoctoral Students: \_\_\_\_\_  
Name & Signature of SDM Associate Dean for Academic Affairs Date

Postdoctoral Students: \_\_\_\_\_  
Name & Signature of SDM Associate Dean for Advanced Education or Date  
SDM Department Chair/Director

Office of the Registrar: \_\_\_\_\_  
SDM Staff Name & Signature (Form effective on the date received) Date

Notes: \_\_\_\_\_

**Tuition Refund Schedule** *(Based on the SDM's Enrollment Dates) & (Your request is effective on the date your completed form is received.)*

- Withdrawal prior to the first day of classes/first day of orientation (new students): 100% tuition and applicable fees
- Withdrawal during the first two weeks of classes: 80% tuition, 0% fees
- Withdrawal during the third week of classes: 60% tuition, 0% fees
- Withdrawal during the fourth week of classes: 40% tuition, 0% fees
- Withdrawal during the fifth week of classes: 20% tuition, 0% fees
- Withdrawal after the fifth week of classes: 0% tuition, 0% fees

**Student Housing:** 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 this form.

**International Students on F1 or J1 visa:** You must contact the Office of International Students and Scholars Office (ISSO), prior to requesting your leave or withdrawal.

**Financial Matters:** A leave of absence or withdrawal may affect eligibility for grants and loans. Please contact Student Financial Services at the medical campus, A401, 617-638-5130, for more details. Recipients of financial assistance may request a refund of any credit balance in writing through Student Financial Services. All other students may request a refund in writing from Student Accounting Services 617-353-2264.