

Office of the Registrar 320 Newbury Street Boston MA 02115 p (617) 585-0135 f (617) 585-0131 registrar@the-bac.edu

LEAVE OF ABSENCE & SEMESTER WITHDRAWAL FORM

Students should submit this form to the Registrar's Office if they wish to take a Leave of Absence from the BAC or withdraw from all their courses for the semester. A Leave of Absence (LOA) should be submitted to the Registrar prior to the start of the semester or by the end of the Add/Drop period in the semester of the intended LOA. After the Add/Drop period, a student can submit this form through the end of the eleventh week of classes to withdraw from all their courses for the semester.

Refunds will be administered according to the Tuition Refund Policy and the amount is contingent upon the date the Registrar's Office receives written notice. Please see the Full Withdrawal (In-Semester) and Leave of Absence Policies in the BAC Catalog for further information.

STUDENT IN	FORMATION		
Student Name:	Name:BAC ID#		E
Date of Birth:	BAC Emai	l:	@the-bac.edu
Degree Program:			
	ional Student (please circle) Y dents are required to meet with the	* N e International student advisor prior	submitting this form
Requesting (check	one): □ Leave of Absence □	Semester Withdrawal	
Semester/Term:			
Last date you attended classes? Intended Semester of return:			
REASON(S) FOR LOA/SEMESTER WITHDRAWAL			
☐ Educational ☐ Fir	nancial 🗆 Work Related 🗆 Pers	onal 🗆 Transfer 🗆 Other Pleas	se explain reason(s) below:
		od the terms of the Withdrawal Polic nsible for any financial obligations to	
Student Signature Date Date			
Office Use Only:			I