

## School of Public Health Leave of Absence Policy and Procedures

### Leave of Absence or Withdrawal

A degree candidate in good standing may request up to two semesters of leave of absence from the School of Public Health by completing a [Request for Leave of Absence or Withdrawal](#) form prior to the official start of the semester in which he or she wishes to take the leave of absence. In addition to the website, "Request for a Leave of Absence or Withdrawal" forms are available on the shelves outside the Registrar's Office on Talbot 210 Center.

To avoid academic and financial penalties, students must withdraw prior to the first day of the upcoming academic semester by completing a Request for a Leave of Absence or Withdrawal. If the School of Public Health Registrar does not receive a registered student's request to take a leave of absence or to withdraw from the program prior to the start of the semester, the student will be liable for tuition and fees for registered courses based upon University policy. Students receiving tuition remission benefits from Boston University should contact their benefits representative for information should they seek to withdraw or file a Leave of Absence in addition to contacting the SPH Registrar's Office.

Degree candidates who fail to register for two consecutive fall and spring semesters without receiving official approval and having action taken in their official student record will be administratively withdrawn. *Lack of registration does not constitute an official leave of absence or withdrawal.*

Students who are not able to continue in their degree program due to relocation, ongoing academic difficulty, or other personal circumstances may voluntarily withdraw from Boston University. Leaves of absence due to medical reasons are handled according to the procedures below.

### Leaves of Absence for Medical Reasons

Sometimes a student may need to interrupt his or her studies for medical reasons. The University can assist a student who is deciding whether to take a medical leave and advise him or her about the steps necessary for a successful return. A student's request for a leave of absence for medical reasons must be reviewed by Student Health Services or its designee. Boston University also reserves the right to require an involuntary medical leave of absence if it determines that a student's continued enrollment would create a significant risk to the health and safety of the student or others.

A student seeking to re-enroll after a medical leave must demonstrate to the University that the student's health permits the successful completion of studies. Documentation needed to support this finding will be determined by Student Health Services or its designee, but will generally include information from the student's clinician as well as an assessment by Student Health Services or its designee. The decision whether to permit a student to re-enroll is within the sole discretion of the University.


**FORM TO REQUEST A LEAVE OF ABSENCE  
OR WITHDRAWAL FROM SEMESTER COURSES, 2014-2015**


Please complete the following information, sign the form, and send to the School of Public Health Registrar's Office, 715 Albany Street, Talbot 210C, Boston, MA 02118. The form may also be scanned and e-mailed or faxed to (617) 638-5060. Please note that registered students who withdraw or take a leave of absence on or after the first day of the semester are subject to the ["Withdrawal and Tuition Refund Schedule"](#) for that semester established by Boston University.

**Student Name:** \_\_\_\_\_, \_\_\_\_\_ **BUID:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First)

**Non BU E-Mail Address:** \_\_\_\_\_ **Your Cell Phone#:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

- Degree candidates at BUSPH may request a maximum of two semesters of Leave of Absence from the degree program during the entire period of study. Summers are not included in this calculation unless summer registration is required.

-  Students in MS and doctoral programs must obtain their program director's approval prior to submitting this form.  
\_\_\_\_\_  
Program Director Date

-  International students must have signed approval from the Boston University International Students and Scholars Office prior to submitting this form.  
\_\_\_\_\_  
ISSO Student Advisor Signature Date

**Semester for Which You Wish To (Check One →):**      **Be Withdrawn** \_\_\_\_\_      **Request Leave Of Absence** \_\_\_\_\_

**FALL 2014:** \_\_\_\_\_  
(due no later than 4:30PM, Aug. 29, 2014)

**SPRING 2014:** \_\_\_\_\_  
(due no later than 4:30 PM, Jan. 9, 2015)

**Please state your reason for requesting a withdrawal or leave of absence. If medical, refer to policy for clearance on page one.**

\_\_\_\_\_  
\_\_\_\_\_

**YOUR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

→ Please make sure this form is received in our office no later than 4:30 PM on the date indicated or else the notification will be dated as having been received the following business day, and your potential refund will be affected.