School of Business
CLARK UNIVERSITY

School of Business Leave of Absence or Withdrawal Request

Name: Clark ID:

Home Address:

Telephone Number:

Personal Email Address:

Current Employer:
Address:
Work Telephone Number:

☐ I would like to request a leave of absence for semester(s), and am planning to return for the semester. I understand that this request must be approved by the School of Business. I wish to take a leave of absence for the following reasons:

☐ I would like to withdraw from School of Business and my program for the following reason(s):

Signature*: Date:

*By typing my name, I recognize that this is equivalent to a written signature and I attest to the fact that the information on this form is correct.

☐ I have been awarded a U.S. federal loan. I understand that it is my responsibility to notify the Office of Financial Assistance of my leave of absence or withdrawal.

If you are an international student, you must also have approval from the International Students and Scholars Office, as demonstrated by a signature below.

Approved by: _____ Date: _____

Name (please print): _____

Please return this form to your academic advisor in person or by email through your Clark University email account.