

Notice of Graduate Student Withdrawing from Clarkson University

Student Name: _____

Student Number: _____

Academic Department: _____

Date of Withdrawal: _____

Check one: Withdrawal

Leave of Absence*

(student must be in good academic standing)

Department Chair Signature (Required for Leave of Absence)

*Please Note: A leave of absence can only be requested prior to the completion of the student's minimum total credits (30 credits for MS; 90 credits for PhD)

If returning to Clarkson, expected date/semester of return: _____

Reason for withdrawal or leave (check all that apply):

Will not/did not enter

Financial

Academic separation

Will not/did not return

Health

Other Academic

Personal

Deceased

Completing Off Campus

Career Change

Disciplinary

Met Degree Requirements

Notes:

New mailing address (if applicable):

New telephone number (if applicable):

New (non-Clarkson) email (if applicable):

Please return this form to your Graduate Coordinator

Student

Graduate Coordinator

NOTE: Students who plan to return to the University must contact their Graduate Coordinator to request readmission.

Return original copy of this form to: Student Administrative Services, Box 5575, Clarkson University, Potsdam, NY 13699-5575. Drop lists will be distributed by SAS via e-mail.

Copies to: Originating office