



CLEARANCE FORM

All persons needing clearance for graduation, internship, leave of absence, or withdrawal must have this form signed by authorized personnel and submit to the Registrar.

| STUDENT NAME: | First Name | Middle Initial | Last Name |
|--|--|-----------------------|------------------|
| Check (✓) the appropriate box below and fill in the date(s). | | | |
| <input type="checkbox"/> Graduation | I plan to graduate in _____ month-year. After I graduate, I plan to _____. | | |
| <input type="checkbox"/> Leave of Absence | I am requesting a leave of absence from LPTS effective _____, and plan to return _____. (Requests for leaves of absence must be submitted, in writing, to the Associate Academic Dean.) | | |
| <input type="checkbox"/> Withdrawal | I am withdrawing from LPTS effective _____ | | |
| <input type="checkbox"/> Internship | My internship is effective _____. I plan to return to LPTS on _____. This internship <input type="checkbox"/> has <input type="checkbox"/> has not been approved by the Director of Field Education. | | |
| Student's forwarding address: | Effective date | | |
| | Address | | |
| | City | State | Zip code |
| E-mail address: | | | |
| Phone number: | | | |
| Student's signature: | | | Date: |
| Authorized seminary personnel should sign the corresponding space below to certify that the above-listed student has no outstanding paperwork, accounts, fees, fines, books, or keys in the respective offices. | | | |
| Dean of Community Life: | | | Date: |
| Financial Aid Office: | | | Date: |
| Library: | | | Date: |
| Institutional Advancement: | | | Date: |
| Mailroom: | | | Date: |
| Field Ed Office (<i>MDIV students</i>): | | | Date: |
| MFT Office (<i>MFT students</i>): | | | Date: |
| Business Office: | | | Date: |
| Dean of the Seminary (<i>graduation only; obtain last</i>) | | | Date: |