

**GSOM 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 Graduate School of Management. I wish to take a leave of absence for the following reasons:

I would like to withdraw from GSOM 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.

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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.

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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): \_\_\_\_\_

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