



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 Engagement:			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: