

Office of the Graduate School

Graduate Dean's Action Form

Student's name: _____ SID: _____

Graduate Dept _____ Date: _____

- Has **taken a leave of absence** from _____ to _____.
- Has **extended his/her leave of absence** from _____ to _____.
- Has **taken a medical leave of absence** effective _____.
- Has **voluntarily withdrawn** effective _____ (last day of attendance) _____.
- Has **been withdrawn by Clark** effective _____ (last day of attendance) _____.
- Has **been financially withdrawn by Student Accounts** effective _____ (last day of attendance _____).
- Is **returning from a leave of absence** effective _____.
- Has been **readmitted** effective _____.
- Has been **readmitted by Student Accounts** effective _____.
- Has **been readmitted by the program** _____.
- Has been **suspended** from _____ to _____ per _____.
- Has been **expelled** effective _____.
- Has been given **part-time** status effective _____.
- Other _____.
- Comments: _____
- _____
- _____

Department Approval: _____ Date: _____

Approved by Dean: _____ Date: _____

Copy to:

- | | |
|---|------------------------|
| ___ Residential Life & Housing | ___ Mailroom |
| ___ Student Accounts | ___ Student Records |
| ___ Financial Assistance | ___ Telecommunications |
| ___ Health Services | ___ University Police |
| ___ International Students and Scholars | |

Attach back up paperwork to this form....student's written request,
 advisor's approval, etc.