Student Conduct Clearance Form

TO BE COMPLETED BY APPLICANT:

I request my School Official to provide Suffolk University with information regarding my student conduct.

____________________________________  __________________________________  _________
Print Name               Signature            Date

TO BE COMPLETED BY A SCHOOL OFFICIAL:
[i.e. School Guidance Counselor, Assistant/Vice Principal, etc.]

[    ] The above student, is in good standing with his or her high school in regards to discipline and/or conduct.

[    ] The above student is not in good standing with his or her high school in regards to discipline and/or conduct.

Please provide an explanation: ______________________________________________________
_______________________________________________________________________________________

____________________________________________  _____________________
Signature of School Official              Date

____________________________________________  _____________________________________
Name of School Official                          Title

____________________________________________  ______________________________________
High School                           Phone

Please check which program you are participating in:

☐ Politics & Public Service Institute        ☐ Student Leadership & Service Learning Institute
☐ GLBT Awareness Institute                  ☐ Health Educator Institute
☐ Screenwriting & Video Production Institute ☐ Business Organization & Leadership Institute
☐ Improv Comedy Institute

Please return this completed form, in a sealed and signed envelope, along with the completed application, to:

Office of Residence Life & Summer Programs
ATTN: Josh Cheney, Summer Institute Programs
Suffolk University
150 Tremont Street
Boston, Massachusetts 02111
FAX: 617-305-2504
PHONE: 617-305-2500
EMAIL: summerprograms@suffolk.edu