



Suffolk University

Office of Residence Life and Summer Programs

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
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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
Email Address	

Please check which program you are participating in:

- | | |
|--|---|
| <input type="checkbox"/> Politics & Public Service Institute | <input type="checkbox"/> Student Leadership & Service Learning Institute |
| <input type="checkbox"/> GLBT Awareness Institute | <input type="checkbox"/> Health Educator Institute |
| <input type="checkbox"/> Screenwriting & Video Production Institute | <input type="checkbox"/> Business Organization & Leadership Institute |
| <input type="checkbox"/> 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