

Endorsement by the Dean of Students

Section 1: To be Completed by Student

Name _____			
Last	First	Middle	
Student ID Number _____			
Program City and Country _____			
Study Abroad Term	<input type="checkbox"/> Fall 20____	<input type="checkbox"/> Winter 20____	<input type="checkbox"/> Spring 20____
			<input type="checkbox"/> May Term/Summer 20____
Please check one of the following:			
<input type="checkbox"/> I waive my right of access to this information. The contents of this form will be considered confidential.			
<input type="checkbox"/> I do not waive my right of access to this information. The contents of this form will be disclosed to me if I so request.			
Signature _____		Date _____	
<i>Please drop off at the Dean of Students/Residence Life Office—Rogalski Center 2nd Floor.</i>			

Section 2: To be Completed by the Dean of Students

<p>The student named above is applying to study abroad. Please complete this form and return to the Center for International Education.</p> <p>Please comment upon any violations of the campus code of conduct by this student:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>_____ Recommend for full consideration</p> <p>_____ Recommend with reservations noted above</p> <p>_____ Do not recommend</p>	
<hr/> <p>Signature of Dean of Students</p>	<hr/> <p>Date</p>