



## DEAN'S CERTIFICATION

### Section I: To be completed by student

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number and Street City State Zip Code

Cell phone: \_\_\_\_\_

Name and Dates of Off-Campus Experience: \_\_\_\_\_

Faculty Sponsor/Advisor/Leader for Off-Campus Experience: \_\_\_\_\_

### Section II: To be completed by the Dean of Student Affairs Office

Please complete this form and return it to the Faculty Sponsor/Advisor/Leader listed above. Materials submitted in support of applications are used only by those charged with responsibility for determining participation in the off campus experience. Each person given access to the materials is instructed to maintain strict confidentiality. In accordance with the Family Educational Rights and Privacy Act of 1974, matriculating students have access to their permanent files which will include this form.

Has this student been subject to disciplinary action of any type?  Yes  No

*(If yes, please list violations below)*

Incident date	Violation	Sanctions Completed
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wish to discuss this student by phone?  Yes  No

Would you recommend this student be allowed to attend the above-listed Off-Campus Experience?

Recommend  Do not recommend  Recommend with reservations

Please explain your reservations:

_____
_____
_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_