Note: Save this form to your computer. Open from your computer and fill out. Save the completed form.

Eligibility to Participate

off-campus program for which you wish to	apply.
Student Name:	Student ID:
Off-Campus Program:	
Program Dates:	
Program Leader:	
Program Leader phone number:	Email:
***********	************
required off-campus program(s), and that I	wish to apply to participate in the above designated, non- also authorize the release of information needed to verify this rector of International Education, or their contacts(s), in order dication for off-campus study.
I unconditionally and voluntarily consent to	the release of such records pursuant to this request.
Disciplinary Information (please check one	·):
I am not and have never been on di	sciplinary probation.
I am currently not on disciplinary p	probation, but have been in the past. Explain:
I am currently on disciplinary proba	ation. Explain:
Note: I further recognize and acknowledge, off-campus program's departure date, I may	that should my judicial or student status change prior to my y be denied permission to participate.
Signature	Date
	ppy of each students form must be sent to the Dean of perfore departure. Unless otherwise noted, the Dean's email

response will be sent to the Program Leader noted above.