Earlham College Application for Off-Campus Study
Dean of Student Development Form

STUDENTS: Please complete the top section of this form and submit it to the Dean of Student Development Office.

Student Name: ____________________________________________________________

Off-Campus Program ___________________________ Semester __________________

Application Deadline ____________________________

I ______ waive _______ do not waive my right of access to review this confidential recommendation as provided in the Family Educational Rights and Privacy Act of 1974 as amended. (Failure to indicate a preference will be treated as a waiver of right to access this information).

Signature of student __________________________________________ Date __________________

DEAN OF STUDENT DEVELOPMENT: Please read and check the appropriate statement below.

The above named student has applied to study off-campus on the program indicated. Participation on an off-campus program will be a demanding experience. Students will be confronted with living situations, social conditions, language environments and academic experiences that will be new and challenging. Providing the information requested below will assist the International Programs Office in making the best decision regarding this student's suitability for this particular program. Please feel free to use the reverse of this form as needed for your response.

______ This student is in good social standing and has no record of disciplinary action.

______ This student does have a record of disciplinary action. Provide details below.

Signature: ___________________________________________ Date __________________

Dean of Student Development
Earlham College Application for Off-Campus May Term
Earlham Academic Advisor Form

STUDENTS: Please complete the top section of this form and give it to your faculty advisor.

Student Name: ________________________________

Off-Campus Program: ________________________________

Date form is due in IPO: ________________________________

Name of Advisor: ________________________________

Participation in an off-campus program is a demanding experience. Students are confronted with
new living situations, social conditions, language environments and academic experiences
without on-campus support structures.

I understand that my advisee has applied to an off-campus program

Signature ________________________________

Printed Name ________________________________

RETURN TO IPO DRAWER #202