Earlham College Application for Off-Campus May Term
Dean of Student Life Reference Form

STUDENTS: Complete the top section of this form and give it to the Dean of Student Life.

Student Name _____________________________________________________________

Off-Campus May Term ______________________________________________________

Date form is due to IPO ____________________________________________________

I waive ☐ do not waive ☐ my right of access to review this confidential recommendation as provided in the Family Education 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.)

Student Signature _________________________________________________________

Date Signed ______________________________________________________________

DEAN OF STUDENT LIFE: Please review and mark the appropriate statement below.

The above named student has applied to the off-campus May Term indicated above. Participation on an off-campus May Term 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 course.

This student has a student conduct history (if Yes, please provide details):

Yes ☐ No ☐

Signature ___________________________ Date __________

Dean of Student Life

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