Earlham College Application for Off-Campus Programs
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 Program ______________________________________________________

Semester Program Occurs __________________________________________________

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 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.

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

Yes ☐ No ☐

Signature _______________________________ Date ________________

Dean of Student Life