



SEMESTER AT SEA®

Disciplinary Clearance Form

To The Student: This form must be completed by the Study Abroad Office, Judicial Affairs Office, the Dean of Students, or the appropriate administrative official at your home institution. Your signature provides consent for release of this information from the point of application until the starting date of the semester.

Student's printed name: _____ SSN _____ - _____ - _____
Student's signature: _____ Voyage: Fall ____ Spring ____ Summer ____ Short-Term ____

To College or University Official: The student named above has applied to participate in Semester at Sea program. If selected, the student will be expected to enroll in a full academic program, carrying a minimum of 9-12 credit hours. We would appreciate a confidential statement evaluating this student's record at your institution. While prior disciplinary history does not preclude a student's participation, this information is taken into consideration during review and must be submitted in order for the student to be evaluated for admission to the program.

Recognizing that a student's status can change from the completion of this form until the time of departure, we would greatly appreciate notification of any significant changes to this record at the address below.

Please use the comment section for further clarifications if necessary.

Name of home institution: _____ Dates of attendance: _____

<input type="checkbox"/> This student has not received a judicial sanction at this institution.	
<input type="checkbox"/> This student is not currently under active judicial sanction, but has been previously sanctioned (describe below)	
<input type="checkbox"/> This student is currently under judicial sanction (describe below).	
Violation/Adjudication Date	Sanction with Effective Dates
Violation/Adjudication Date	Sanction with Effective Dates
Violation/Adjudication Date	Sanction with Effective Dates
Violation/Adjudication Date	Sanction with Effective Dates
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Violation/Adjudication Date	Sanction with Effective Dates

Additional Comments

Certification – Please sign below to certify that the above information is correct to the best of your knowledge.

Your Printed Name

Title

Institution/Department

Contact Phone Number

Signature

Date

Please return all materials to
Institute for Shipboard Education
Semester at Sea
PO Box 400885
Charlottesville, VA 22904-4885
Fax: (434) 243-4076

(800) 854-0195
www.semesteratsea.org
info@semesteratsea.org