

Disciplinary Clearance Form

<u>To The Student</u>: This form must be completed by the Study Abroad Office, Judicial Affairs Office, the Dean of Students, high school counselor, 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. It is your responsibility to update our office immediately if you have new violations or changes in your disciplinary status after initially submitting this form.

Student's printed name:				
Student's signature:		Voyage:	Fall	Spring
To the Administrator: The selected, the student will be exhours for college students and confidential statement evaluated does not preclude a student's must be submitted in order for a student's status can charmust receive notification.	spected to enroll in a full a a minimum of 10 credit l ting this student's record participation, this inform r the student to be evalua nge from the completi	academic program, hours for gap year s at your institution. ation is taken into ted for admission t on of this form u	carrying a students. While pri considerate to the prog	a minimum of 12 credit We would appreciate a or disciplinary history tion during review and gram. Recognizing that time of departure, we
Please use the comment section	n for further clarification	s if necessary.		
Name of school/institution:				
Dates of attendance:				
Please check <u>one</u> box only	•			
☐ This student has not rece	eived a judicial sanction a	at this institution.		
☐ This student is not currently under active judicial sanction, but has been previously sanctioned (describe below).				
☐ This student is currently	under judicial sanction (o	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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Additional Comments				
Certification – Please sign below to cert knowledge.	ify that the above information is correct to the best of your			
Your Printed Name	Title			
	Contact Phone Number			
Signature	Date			

Please return all materials to

Institute for Shipboard Education |Semester at Sea Colorado State University Campus Delivery 1587 Fort Collins, CO 80523-1587 Fax: (970) 237-3207

OR email to admission@semesteratsea.org

(800) 854-0195 www.semesteratsea.org