Dean of Student Services

To the SDICCCA Study Abroad Applicant for spring semester 2010 in Florence, Italy— hosted by Southwestern College:

1. Please complete the top part of this form.
2. Give this form to the Dean of Student Services at each college or university you attend and/or have attended in the last three years. For return mailing, be sure to include for the Dean an envelope that has a stamp and is addressed to Dr. Carla Kirkwood The International Studies Coordinator, Southwestern College, Room 651, 900 Otay Lakes Road, Chula Vista, CA. 91910.
3. Ask the Dean to complete the bottom part of the form, sign, seal, and return it directly to Southwestern College in the envelope that you provide.
4. You may photocopy this form if you have attended more than one college or university.

Name _____ Social Security No. ___ ___ ___ - ___ ___ - ___ ___ ___ ___
Last First Middle

Address _____ City State Zip _____

Dates of Attendance: From _____ to _____

I hereby consent to the Dean(s) of the college(s) I have attended to furnish Southwestern College with the information on the form below and I hereby waive my right of access to any statements by said Dean(s) evaluating my activities and me.

Signature _____ Date _____

To the Dean:

The student named above has applied to participate in a study abroad program at Southwestern College. We will be grateful for your comments, which will be kept confidential.

1. Has this student been subject to any disciplinary actions? Yes ____ No ____ if yes, please explain.

   _____

   _____

2. Are any disciplinary charges pending? Yes ____ No ____ if yes, please explain.

   _____

   _____

3. Has this student been expelled, suspended, placed on probation, required to withdraw, or given a reprimand or warning?
   Yes ____ No ____ if yes, please explain.

   _____

   _____

4. Is this student eligible to re-enroll at your college? Yes ____ No ____ Conditionally ___ if yes or conditionally, please explain.

   _____

   _____

5. Any additional comments you may wish to make regarding this student. _____

   _____

Thank you for taking time to complete this form and returning it to:
Dr. Carla Kirkwood
International Studies Coordinator
Southwestern College Room 651
900 Otay Lakes Road
Chula Vista, CA. 91910

Signature _____
Name (Please print) _____
Title _____
Institution _____
Phone _____