



UNIVERSITY of NEW HAMPSHIRE

STUDY AWAY CONFIDENTIAL REFERENCE OF STUDENT CONDUCT

I: To be completed by the applicant:

1. Applicant's Name (*print*) _____ Signature: _____
2. SSN: _____ 3. I waive my right to access this reference: YES NO
4. Intended SA semester: _____ 5. SA destination: _____
6. College: E&PS HHS LA LS&A WSBE TSAS UNHM

II: To be completed by the UNH Judicial Programs Office in Hitchcock Hall

- A. Does the above applicant have a disciplinary record with your office? YES NO
If yes, please attach the record to this form.

B. If your knowledge of the applicant allows you to do so, please comment on the student's suitability for an off-campus program under UNH sponsorship, as determined by the UNH Study Away policy.

Respondent's Name (*print*): _____ Signature: _____

Title (*print*): _____ Date: _____

III. To be completed by the Dean's Office

- A. Does the applicant have a disciplinary record, including academic dishonesty, off-campus arrest, etc., on file in the Dean's Office?

YES No

- B. Does the applicant meet the disciplinary criterion of the UNH Study Away policy?

YES No

Respondent's Name (*print*): _____ Signature: _____

Title (*print*): _____ Date: _____

PLEASE RETURN TO:

PROGRAM STICKER
GOES HERE