West Central Wisconsin Consortium
WISCONSIN IN SCOTLAND PROGRAM
Dean of Students Clearance Form

Instructions: This form must be completed by the Dean of Students at the institution you last attended. Evaluation for your acceptance to participate in the Wisconsin in Scotland study abroad program will be based on review of this form. Your signature below authorizes release of the requested information including any necessary follow-up with the Dean of Students regarding this information.

Signature and Date: ____

Please Print or Type:

Name: ____

Last First M.I.

ID Number: ________________________________

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Dean of Students,

Please complete the following information on the above named student and send this form to the person/office as addressed on the stamped envelope provided by the student.

Our records indicate that as of this date: ______________________________

_____ The student **has not been** subject to disciplinary action.

_____ The student **has been** subject to disciplinary action. If the above named student has been subject to disciplinary action, please indicate the nature of the offense and action taken.

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I concur this student should be given the opportunity to study abroad.

Name of Dean (please print or type): ____

Signature and Date: ____

Institution: ____

Phone: ______________________________ Email: _______________________________________