



UNIVERSITY of NEW HAMPSHIRE

STUDY AWAY CONFIDENTIAL REFERENCE OF STUDENT CONDUCT

I: To be completed by the applicant: 1. Applicant's Name (*print*) _____

Signature: _____ SSN: _____

2. I authorize the UNH Judicial and Mediation Programs Office to share my conduct record with my Dean's office, the CIE and other relevant parties in order to determine my study abroad eligibility: YES NO

3. Intended SA semester: _____ 4. SA destination: _____

5. 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.

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

Comments: _____

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

Title (*print*): _____ Date: _____

PLEASE RETURN TO:

Undergraduate Research, ATTN: Prof. Murphy
Hood House 209
89 Main Street
Durham, New Hampshire 03824