

# Eligibility of Participation

Please complete and sign this authorization. **Give this form with your application to the leader of the off-campus program for which you wish to apply.**

**Student Name:**

**Student ID:**

**Off-Campus Program:**

**Program Dates:**

**Program Leader:**

**Program Leader phone number:**

**Email:**

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**Student Authorization:**

By signing this form I am indicating that I wish to apply to participate in the above designated, non-required off-campus program(s), and that I also authorize the release of information needed to verify this form by the Registrar, Dean of Students, Director of International Education, or their contacts(s), in order to determine my eligibility to submit an application for off-campus study.

I unconditionally and voluntarily consent to the release of such records pursuant to this request.

**Disciplinary Information** (please check one):

I am not and have never been on disciplinary probation.

I am currently not on disciplinary probation, but have been in the past. Explain:

I am currently on disciplinary probation. Explain:

**Note:** I further recognize and acknowledge, that should my judicial or student status change prior to my off-campus pa