



Social Standing Clearance Form

Confidential: Return to CNU Office of International Programs

Name _____ Date _____
last first M.I.

CNU # _____

Study Abroad Program : _____ Term: Fall Spring Summer Other 20 _____

To The Student: This form must be completed by the CHECS or the Dean of Students. Your signature provides consent for release of this information from the point of application until the starting date of the indicated semester.

Student's signature date

To CHECS: The student named above has applied to participate in a program requiring authorization by the Office of International Programs. We would appreciate a confidential statement evaluating this student's record at CNU. While prior disciplinary history does not preclude a student's participation, this information is taken into consideration during review and must be submitted in order for the student's participation to be authorized.

_____ This student has no educational file with CHECS.
_____ This student does have or had an educational file with CHECS.

Violation _____

Adjudication Date _____ Sanction _____

Status: Open / Closed Effective Dates _____

Violation _____

Adjudication Date _____ Sanction _____

Status: Open / Closed Effective Dates _____

Violation _____

Adjudication Date _____ Sanction _____

Status: Open / Closed Effective Dates _____

Additional Comments: _____

Printed Name Title Department

Signature Date Phone