

## **2012 WINTER TERM APPLICATION INSTRUCTIONS**

1. Deadline for submitting the winter term application is **Friday, September 30, 2011**
2. Complete all portions of the application. Be sure to read and sign the Statement of Student Responsibility.
3. Have the application signed by your Mentor.
4. Arrange a meeting with the winter term Faculty Leader who **must** sign your application.
5. Complete the Health Form and have the form officially notarized. See instructions on the attached Health Form.
6. Fill out the Dean's Certification of Conduct and deliver to the office of Student Affairs for completion.
7. **A COPY OF YOUR PASSPORT** must be submitted to International Education with your winter term application.

**If you do NOT have a passport** at the time you hand in your winter term application, **APPLY FOR ONE IMMEDIATELY. CHECK YOUR PASSPORT EXPIRATION DATE TODAY.** Make certain it does not expire before **August 1, 2012.**

8. Pay the **\$500 non-refundable deposit** to the **Cashier** no later than **Friday, September 30, 2011** and **bring the receipt to the International Education office.** The deposit will be applied to the total program cost and will be returned to you **only** if Eckerd College cancels the program or if you were not selected to participate.

**Payment of the \$500 deposit constitutes your commitment to the trip and will allow us to begin making definite arrangements for the program.**

10. Return all forms to the International Education office, Seibert Humanities Building, Room 100.
11. Your acceptance into the winter term abroad program is not complete until you have: received permission from the Faculty Leader, received confirmation from the International Education office, and have paid the \$500 non-refundable deposit.

**\* ABSOLUTELY NO REFUNDS AFTER FRIDAY, NOVEMBER 18, 2011.\***

## **IMPORTANT! PLEASE READ CAREFULLY!**

### **GENERAL INFORMATION**

#### **TUITION AND PROGRAM COSTS**

Winter Term **TUITION is NOT INCLUDED** in the program cost. The Winter Term program cost will be billed to your student account at the beginning of the spring semester. A non-refundable deposit of \$500, which will be applied to the total cost of the program, is required with your application.

In most cases, program costs **include** the following: round-trip airfare from Tampa, transfers between airport and hotel, accommodations with breakfast, supplementary food allowance, International Student Identity Card, designated entertainment expenses, admissions and entrance fees, and other costs included as part of the program design. Items typically **not included** are: baggage charges, transportation to/from domestic airport, food and housing required before departure and after return, personal expenses such as tips, porters, taxis, souvenirs, and expenses incurred outside the program design (such as personal travel and "free weekend"). **There may be exceptions to the above, so check with International Education for specifics.**

#### **CANCELLATION POLICY**

Should an accident, illness, or emergency prevent your participation in the program, **notify International Education immediately**. Appropriate documentation will be required to support your reasons for withdrawing and cancellations must be made in writing. Every effort will be made to recoup as much of the program cost as possible; however, you will be liable for any charges incurred on your behalf that have effected the entire program and for any airline tickets purchased on your behalf. This includes any cancellation penalties incurred by Eckerd College through agencies hired by Eckerd to plan and/or implement these programs. If cancellation occurs after November 18 it will not be possible to refund the program cost.

#### **PASSPORT AND VISAS**

**U.S. citizens:** American citizens traveling abroad must have a valid, current passport. The expiration date **should exceed your return by at least six (6) months (August 1, 2012)**. If you do not have a passport, you must apply as soon as you receive confirmation of acceptance into the program. Normally, the process takes 4-6 weeks; however, in peak travel seasons it may take twice as long. Apply early to ensure receipt of your passport in case it is needed for a visa application. It is your responsibility to track the status of your passport application at all times. If you have not received your passport within three weeks of the departure date, you risk losing your place in the program. **A copy of your passport must be furnished to International Education with your winter term application.**

Passport application forms for both new applicants and renewals are available online at [www.travel.state.gov](http://www.travel.state.gov), or at the Office of the County Clerk at:

545 1<sup>st</sup> Avenue North  
Judicial Building, 1<sup>st</sup> Floor  
St. Petersburg, FL 33701  
(727) 582-7771

**Non-U.S. citizens** must check with the appropriate authorities to determine if a visa or other documentation is required to enter another country from the U.S. Our office will furnish a letter to confirm your participation in a study abroad program. It is your responsibility to obtain the appropriate visa.

**Passport/Visa photographs** are now available in the Office of International Education. The charge is \$5.00 for 6 passport photos. This is a fast and convenient way for students to obtain passport photos to expedite the application process for passports, visas, and ISIC cards.

**IMPORTANT:** Please keep your parents informed of all aspects of your winter term program. They are welcome to contact the International Education office at any time to ask questions regarding the program. In December, we will send a packet containing specific winter term details to you and your parents.

**\* ABSOLUTELY NO REFUNDS AFTER FRIDAY, NOVEMBER 18, 2011.\***

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## WINTER TERM 2012 OFF-CAMPUS APPLICATION

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WINTER TERM: PROGRAM \_\_\_\_\_

FACULTY LEADER \_\_\_\_\_

1<sup>st</sup> Choice : \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S NAME (as it appears on passport/birth certificate)

\_\_\_\_\_  
STUDENT ID #

M  F  
SEX

\_\_\_\_\_  
CAMPUS BOX #

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE OF BIRTH

Fr.  So.  Jr.  Sr.  
CLASS STANDING

\_\_\_\_\_  
GRADE POINT AVERAGE

\_\_\_\_\_  
MAJOR

\_\_\_\_\_  
MENTOR

\_\_\_\_\_  
CITIZENSHIP

\_\_\_\_\_  
PASSPORT NUMBER

\_\_\_\_\_  
PASSPORT ISSUE DATE

\_\_\_\_\_  
PASSPORT EXPIRATION DATE

IF YOU ARE NOT A U.S. CITIZEN IT IS YOUR RESPONSIBILITY TO OBTAIN THE APPROPRIATE VISA

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### EMERGENCY CONTACT INFORMATION

The following information must be filled in or your application will not be complete

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
PARENT/GUARDIAN PHONE NUMBER

\_\_\_\_\_  
PARENT/GUARDIAN EMAIL

\_\_\_\_\_  
PARENT/GUARDIAN ADDRESS (Address/City/State/Zip)

**To the Applicant:** In accordance with the Family Education Rights Act of 1974, I hereby  waive  do not waive my right of access to this application, including any accompanying letters or comments. I understand that academic and conduct records will be released to International Education and the sponsoring professor.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Mentor's Approval:** To the best of my knowledge the student named above is in good academic standing, is a positive, contributing member of the Eckerd College community and should have no major difficulty adjusting to life abroad.

Agree

Disagree

Agree with reservations

\_\_\_\_\_  
MENTOR'S SIGNATURE

\_\_\_\_\_  
DATE

**FACULTY LEADER'S APPROVAL:** I have met with the above-named student and approve his/her participation in my winter term program.

\_\_\_\_\_  
FACULTY LEADER'S SIGNATURE

\_\_\_\_\_  
DATE

**\* ABSOLUTELY NO REFUNDS AFTER FRIDAY, NOVEMBER 18, 2011.\***

## **STATEMENT OF STUDENT RESPONSIBILITY**

The following statement is given to all students studying abroad in Eckerd College sponsored programs. Your signature below indicates your acceptance of the rules and regulations as detailed.

### **STUDENT CONDUCT**

In all Eckerd College sponsored programs abroad and off campus, students are expected to behave in a mature, responsible manner, and at all times abide by college regulations and the standards embodied in the Eckerd College Honor Code and Shared Commitment. Directors and/or faculty leaders of the program abroad have the authority to immediately expel a student from the program abroad who violates Eckerd college rules and regulations or otherwise engages in a course of action or behavior harmful to the student, to others, or to the program. A decision by the director and/or faculty leader to expel a student from the program abroad is final. In such a case, no refunds will be due from Eckerd College, and parents will be notified of the misconduct. Return transportation costs in such circumstances are the responsibility of individual students. In such a case, the student also may be subject to additional discipline at the conclusion of the program abroad.

Eckerd College does not condone and strives to prohibit the unlawful possession, use, distribution, or manufacture of illicit drugs and alcohol by students on its property or as part of any of its activities. These prohibitions flow from the Mission and Objectives of the College and the College's support of local, State and Federal laws pertaining to drugs and alcohol. Specific statements of the College's policies can be found in the EC-Book (Student Handbook), as well as in the attached copy of the "Drug Free Schools & Campuses Regulations" which is provided to every student participating in an Eckerd College study abroad program.

In keeping with its Mission, Eckerd College will impose disciplinary sanctions on students for violations of its standards of conduct. These sanctions will not be inconsistent with local, State and Federal laws, and may include, but not be limited to, verbal and written warnings, loss of certain privileges, fines, expulsion from the College, and referral for prosecution.

### **STUDENT LIABILITY**

It is understood and agreed that Eckerd College, cooperating organizations, or individual faculty leaders and directors do not assume liability for any injury, loss, damage, accident, delay, irregularity or additional expense arising from the use of any vehicle or services, or from strikes, weather, quarantines, sickness, government restrictions or regulations, or from any act or omission of any railroad, motorcoach, airline, or other transportation company, or for any cause whatsoever. Nor is any responsibility assumed for loss or damage to a participant's baggage or personal possessions. All such losses or expenses will be borne by the participant.

**I have read the above information, including the "Drug Free Schools and Campuses Regulations Institutional Certification Statement," and I accept the conditions as described. I certify that I understand fully that I will be held to the standards of the Shared Commitment and Honor Code while pursuing this study abroad excursion. I further understand that behavior which violates Eckerd College community standards may result in disciplinary action being taken against me and a failing grade for the academic portion of the excursion.**

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**Student Signature**

**Print Name**

**Date**

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**Title of Study Abroad Program/Dates Attending**

**\* ABSOLUTELY NO REFUNDS AFTER TUESDAY, NOVEMBER 23, 2011.\***

## **DRUG FREE SCHOOLS & CAMPUSES REGULATIONS INSTITUTIONAL CERTIFICATION STATEMENT**

### **INTRODUCTION**

Eckerd College does not condone and strives to prohibit, at a minimum, the unlawful possession, use, distribution, or manufacture of illicit drugs and alcohol by students and employees on its property or as part of any of its activities. These prohibitions flow from the Mission and Objectives of the College and the College's support of local, State and Federal laws pertaining to drugs and alcohol. Specific statements of the College's policies can be found in the Personnel Policies and Procedures Manual and the EC-Book (Student Handbook).

### **DEFINITIONS**

"Drugs" as referred to in this information refers to those substances classified as controlled substances by the Federal government. They include the following:

1. Narcotics: Opium, Morphine, Codeine, Heroin, Hydromorphone, Meperidine, Methadone and others such as Percodan and Darvon.
2. Depressants: Chloral Hydrate, Barbiturates, Benzodiazepines (Librium, Valium), Methaqualone, Glutethimide and others such as Miltown.
3. Stimulants: Cocaine, Amphetamines, Phenmetrazine, Methylphenidate, and others such as Cylert and Tenuate.
4. Hallucinogens: LSD, Mescaline and Peyote, Amphetamine Variants such as Cylert and Tenuate. (PCP, Angel Dust), Phencyclidine Analogues, and others such as DMT and DET.
5. Cannabis: Marijuana, Tetrahydrocannabinol (THC), Hashish and Hashish Oil. "Alcohol" refers to any beverage which contains ethyl alcohol.

### **LEGAL SANCTIONS**

Convictions for violations of Federal laws covering drug use and distribution carry minimum penalties ranging from not more than one year in prison and a fine of not more than \$100,000 to prison sentences of not less than life and fines of not more than \$8 million (including marijuana convictions). For many types of drugs, relatively small quantities (5 gm) carry serious penalties.

Local and State laws also come into play in relation to drugs. Penalties range from a fine of \$500.00 and imprisonment for not more than 60 days to a fine of \$15,000.00 and imprisonment for life. In relation to alcohol use, driving under the influence of alcohol (DUI) carries sanctions ranging from suspension of the driver's license to revocation of the license for six (6) months to life. Persons who are convicted of a violation of drug or alcohol laws may also be required to participate in a drug or alcohol rehabilitation program.

### **HEALTH RISKS**

In an effort to encourage healthy life-styles for its students and employees, Eckerd College wants these individuals to realize that there are certain risks associated with the use of drugs and alcohol. These risks differ based on the person, his or her physical as well as psychological well-being, the type, frequency and amount of drug or alcohol consumed, and the degree to which it is combined with other substances.

Health risks continue to change as new drugs are introduced, as new "designer" or synthetic drugs are created and research on these risks continues. It is important to note, however, that the use of illicit drugs as well as the misuse of prescription drugs and the use of alcohol can result in physical as well as psychological problems. These may range from minor, temporary consequences to more serious, long-term illnesses and even death.

It would be virtually impossible to provide a complete list of all the health risks associated with all drugs and alcohol. The following information is provided as an overview and is not meant to be all inclusive.

**\* ABSOLUTELY NO REFUNDS AFTER FRIDAY, NOVEMBER 18, 2011.\***

## **EFFECTS OF ALCOHOL**

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increases the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, such lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

## **EFFECTS OF DRUGS**

Physical: Brain damage, Liver damage, Drowsiness, Heart disease, Cerebral hemorrhage, Slurred speech, Cardiovascular collapse, Disorientation, Insomnia, Loss of memory, Addiction, Tremors, Convulsions, Nausea, Poisoning, Death.

Psychological: Paranoia, Euphoria, Anxiety, Depression, Psychosis, Delusions, Hallucinations, Addiction.

## **COUNSELING/REHABILITATION ASSISTANCE**

The College offers a wide range of services to address the personal counseling needs of its students. These services are available to students who wish to discuss their use of drugs or alcohol. As with all personal counseling matters, discussions of these topics are kept confidential. The resources available on campus include Resident Advisors, the Counseling Center and Health Centers staffs, the Chaplain, and the dean of Students. Students studying overseas should obtain assistance from faculty/directors in charge of specific programs if they are in need of personal counseling. These people also have information about off-campus agencies that might be more appropriate in certain circumstances.

Eckerd College employees are covered by the employer Health Insurance Program which provides for treatment of alcoholism and drug dependency. Employees should refer to the description of the particular plan they selected to determine the specific coverage available. Some off campus sources for counseling and rehabilitation assistance include the National Institute on Drug Abuse Hotline (1-800-662-HELP), the National Institute on Drug Abuse Workplace Helpline (1-800-843-4971), the local Hotline (531-4664), and Operation PAR (570-5095). Other agencies can be found in the St. Petersburg Yellow Pages under headings "Drug Abuse and Addiction – Information and Treatment" and "Alcohol Abuse and Addiction – Information and Treatment."

## **DISCIPLINARY ACTIONS**

In keeping with its Mission and Objectives and Statement of Shared Commitment, Eckerd College will impose disciplinary sanctions on students and employees for violations of its standards of conduct. Sanctions will not be inconsistent with local, State and Federal laws. Procedures for the termination of employment are listed in the Personnel Policies and Procedures Manual. These sanctions range from verbal and written warnings, loss of certain privileges, fines, providing service to the college community, required participation in educational programs and required treatment up to expulsion from the College or termination of employment and referral for prosecution.

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## **Confidential Medical Information for Eckerd College Students Who Study Abroad**

This form must be completed in full before you depart for your trip. The form must be notarized, meaning that a licensed notary must acknowledge, sign and stamp that you are the individual signing the form. Do not sign the final page until you are with a notary. A notary does not need to know the contents of the document of which he/she is witnessing. Please make certain that you have a photo ID with you when you visit one of these campus notaries listed below:

- Andrea Castaneda, International Education (Seibert 100)
- Diana Calandra, Registrar's Office (Upham Hall)
- JoAnn Townsend, President's Office (Upham Hall)

Because you will be living in a foreign environment, we want to be sure that we are ready to help address your health needs while you are away from campus.

This information may be seen only by the Director of International Education, the instructor in charge of your trip, the faculty leader of the host institution, health care professionals, and others who require the information in order to assist you in obtaining medical care. All information contained on this form will be considered confidential. Upon return from your travels, you may retrieve the original copy of this form from the Office of International Education, but we may choose to retain a copy for administrative purposes.

Please answer all questions honestly and thoroughly. This information is being requested to protect YOU. Thank you.

### **GENERAL INFORMATION**

1. Name: \_\_\_\_\_
2. Full Home Address: \_\_\_\_\_  
\_\_\_\_\_
3. Cell Phone Number: \_\_\_\_\_
4. Home Phone Number: \_\_\_\_\_
5. Name(s) of Parent(s) or Guardian(s) with whom you live: \_\_\_\_\_  
\_\_\_\_\_
6. Additional Phone numbers for parent(s) with whom you live:  
Business: \_\_\_\_\_ Cell: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

1. Name: \_\_\_\_\_
2. Relationship of above to you: \_\_\_\_\_
3. Full Home Address: \_\_\_\_\_  
\_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Name Primary care physician: \_\_\_\_\_
6. Phone number of Primary care physician: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

You will be responsible for any medical expenses and should make sure you are covered by your own comprehensive health insurance and/or specific travel insurance purchased for this trip.

1. Are you covered by medical insurance that will pay for medical care and hospitalization abroad?

Yes  No

2. If so, please provide the following information:

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of person in whose name policy is issued: \_\_\_\_\_

Phone number of the Insurer: \_\_\_\_\_

3. If you answered Yes, above, how will you be expected to pay for medical services at the time of use?

\_\_\_\_\_

4. If you have purchased special travel insurance for this trip, please provide the following information:

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone number to use in case of a medical situation: \_\_\_\_\_

**GENERAL HEALTH AND WELL BEING**

1. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

2. General Physical Condition (Check one): Excellent  Good  Fair  Poor

If you selected "Fair" or "Poor", please indicate the reason(s): \_\_\_\_\_

\_\_\_\_\_

3. Vision: Do you wear glasses? \_\_\_\_\_ Contact lenses? \_\_\_\_\_

If you use both, please indicate under what conditions.

All day \_\_\_\_\_ Only in evening \_\_\_\_\_ Only to read, watch TV or movies: \_\_\_\_\_

Only to drive: \_\_\_\_\_ Other \_\_\_\_\_

Will you have an extra pair of glasses with you? \_\_\_\_\_ Contact lenses? \_\_\_\_\_

4. Hearing: (Check One): Excellent  Good  Fair  Poor

If you selected "Fair" or "Poor", please indicate the reason(s): \_\_\_\_\_

\_\_\_\_\_

If you selected "Fair" or "Poor," do you wear a hearing aid regularly? Yes  No

If so, will you have an extra hearing aid with you? \_\_\_\_\_

5. Allergies: Do you have allergies? Yes  No

If so, please list all known allergens: \_\_\_\_\_

Have you ever experienced anaphylactic shock because of an allergy? \_\_\_\_\_

If so, to what allergen? \_\_\_\_\_

Will you carry epinephrine syringes with you? \_\_\_\_\_

6. Do you have a physical disability or limitation? Yes  No

If yes, please describe it: \_\_\_\_\_

How do you address that limitation or disability in daily living? \_\_\_\_\_

\_\_\_\_\_

7. Do you have any phobias, e.g., fear of water, spiders, crowds, heights, etc.? Yes  No

If so, please explain how you address that fear when confronted by the stimulus. \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION**

1. Do you have any pre-existing medical conditions, e.g., diabetes, heart problems or high or low blood pressure, respiratory problems, asthma, hypoglycemia, seizures, arthritis, severe headaches, nosebleeds, fainting, mental or emotional or nervous conditions, etc.? Yes  No

If so, please name the condition(s). \_\_\_\_\_

\_\_\_\_\_

If you take medication to treat the condition(s), please name the medication, the amount that you normally take, and the frequency that you take it. \_\_\_\_\_

\_\_\_\_\_

2. Have you had major surgery within the last six months? Yes  No

Are you scheduled to have surgery prior to departure? Yes  No

If so, has your doctor released you to travel during this time? \_\_\_\_\_

3. Please list all over-the-counter medications, e.g., aspirin, ibuprophen, antacids, that you will need to take on a regular basis during this trip; the amount you will need to take; and the frequency you will need to take them: \_\_\_\_\_

\_\_\_\_\_

Who else on the trip will know where you keep your medications among your personal possessions?

\_\_\_\_\_

4. Is there anything else that you want us to know about your health and well being?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Acknowledgement/Release

By signing this form below, I certify that the above information is true and correct to the best of my knowledge. I also acknowledge and agree to the following:

I, and my parents or guardians, agree to release and hold harmless Eckerd College and its employees and agents from any claims arising out of or related to the provision of medical care in my host country.

I understand and agree that this form may be reviewed by the faculty leader of the host institution and others who have a need to access the information in order to assist me with obtaining medical care. I also understand and agree that Eckerd College is not responsible for any source, including this disclosure form, about my medical or physical condition. I authorize my health care providers to release medical information about me to Eckerd College, the host institution, and their employees and agents to enable these entities/ individuals to help address my medical needs while I am away from campus.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has  
produced \_\_\_\_\_ as Identification.

\_\_\_\_\_  
Notary Public-State of \_\_\_\_\_

Commission Number \_\_\_\_\_

# DEAN OF STUDENTS CERTIFICATION OF CONDUCT

**APPLICANT:** Please complete the top of this form, sign your name, and forward to the Office of the Dean of Students in Brown Hall.

Campus Box # \_\_\_\_\_

Applicant name \_\_\_\_\_ Student ID # \_\_\_\_\_  
(last) (first) (M.I.)

Applying for: WINTER TERM 20 \_\_\_\_ PROGRAM: \_\_\_\_\_

I understand that academic and conduct records will be released to the Office of International Education, the sponsoring professor, and representatives of our affiliated programs.

\_\_\_\_\_  
Applicant's Signature Date

**DEAN OF STUDENTS:** The above named student is applying for one of our study abroad or off-campus programs. It is essential that we receive a frank assessment of this student's record of conduct. Thank you for your assistance.

Please check  any that apply and return to the Office of International Education

\_\_\_\_\_ This student has never been found responsible for any violations of Eckerd College student community standards.

Within the last 12 months this student was found responsible for the following violations:

- \_\_\_\_\_ One violation of the alcohol/other drug policy
- \_\_\_\_\_ Two or more violations of the alcohol/other drug policy
- \_\_\_\_\_ At least one violation considered to be a serious disruption to the campus community (e.g. fighting, vandalism, etc.)
- \_\_\_\_\_ One or more non-serious violations (e.g. roofwalking, careless driving, etc.)

More than 12 months ago, this student was found responsible for the following violations:

- \_\_\_\_\_ One violation of the alcohol/other drug policy
- \_\_\_\_\_ Two or more violations of the alcohol/other drug policy
- \_\_\_\_\_ At least one violation considered to be a serious disruption to the campus community (e.g. fighting, vandalism, etc.)
- \_\_\_\_\_ One or more non-serious violations (e.g. roofwalking, careless driving, etc.)

\_\_\_\_\_ Student is currently on Housing Probation and/or Disciplinary Probation. Student must petition to the Dean of Students or his designee for special permission to travel abroad if on probation.

\_\_\_\_\_ Please contact Tonya Womack, the Coordinator for Community Standards at x8421

Dean of Students/Designee name: \_\_\_\_\_  
(Name) (Title)

\_\_\_\_\_  
Dean's Signature Date

**PLEASE RETURN IMMEDIATELY TO:**

Phone: (727) 864-8381  
Fax: (727) 864-7995

International Education, SE100  
**ECKERD COLLEGE**  
4200 54<sup>th</sup> Avenue South  
St. Petersburg, FL 33711