Office of International Education
Disciplinary Clearance Form

To The Student:
Your signature provides consent for release of information from the point of receipt of this form by the UW Oshkosh Office of International Education through the start date for your program. It is your responsibility to update our office immediately if you have new violations or changes in your disciplinary status after submitting this form. The UW Oshkosh Office of International Education may also conduct additional disciplinary checks with your home institution.

Signature ___________________ Date _______ Printed Name ___________________

Program Year: _________ Program Term: □ Fall Semester □ Fall Interim (January)
□ Spring Semester □ Spring Interim (May/June)
□ Summer

The remainder of this form must be completed by the appropriate administrative official at your institution. If you aren’t sure who this is, check with your Dean of Students Office or Study Abroad Office.

To the Administrative Official:
This student has applied to participate in a University of Wisconsin Oshkosh study abroad program. We therefore need a confidential statement evaluating this student’s record at your institution. While prior disciplinary history does not necessarily preclude a student’s participation, this information is taken into consideration during review and must be submitted in order for the student to be evaluated for admission to the program.

Recognizing that a student's status can change from the completion of this form until the time of departure, we request notification of any new violations or changes to this record.

Dates of Attendance: from ___/____ (month/year) to ___/____ (month /year)

☐ This student has not received a judicial sanction at this institution.
☐ This student is not currently under active judicial sanction but has been previously sanctioned (describe below).
☐ This student is currently under judicial sanction (describe below).

Violation/Adjudication Date __________________ Sanction with Effective Dates __________________

Violation/Adjudication Date __________________ Sanction with Effective Dates __________________

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Violation/Adjudication Date __________________ Sanction with Effective Dates __________________
If necessary, please use this section for further clarification or to indicate if a student did not complete a sanction.

Please sign below to certify both that you are the appropriate administrative official responsible for certifying disciplinary records at your institution and that the above information is correct to the best of your knowledge.

Home Institution Name

Your Printed Name       Title

Phone Number       Email

Signature       Date

Please return all materials directly to

Office of International Education
University of Wisconsin Oshkosh
800 Algoma Blvd.
Oshkosh, WI  54901

Or fax to: 1-920-424-0185
Or email to: andersonv@uwosh.edu