



San Diego Community College District

City College · Mesa College · Miramar College · College of Continuing Education

STUDY ABROAD ACADEMIC CLEARANCE AND TITLE IX CONSENT FORM

INSTRUCTIONS:

1. Study Abroad Applicants complete Part I below and give Parts I and II to your college's International Education Liaison, or Dean of Student Affairs that you attend/attended in the last two years. You may photocopy these pages if you have attended more than one college or university within the last two years.
2. Ask that Part II to be signed, **confidentially sealed**, and returned to the International Education Coordinator at San Diego City / Mesa / Miramar College.

PART I: STUDY ABROAD APPLICANT

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____ Apt/Unit # _____

City: _____ State: _____ Zip: _____

Student ID#: _____ Abroad Location: _____

Dates of Attendance: from _____ to _____

I hereby consent to the Dean(s) of the college(s) that I currently or previously attended in the last two years to furnish the San Diego Community College with the information in Parts I and II of this *Academic Clearance and Title IX Consent Form*.

Student's Signature

Date

PART II: DEAN OF STUDENT AFFAIRS

The individual named in Part I of this *Academic Clearance and Title IX Consent Form* has applied to participate in a study abroad program at one of the San Diego Community College District's three colleges (San Diego City / Mesa / Miramar). The San Diego Community College District is grateful for your comments which will be kept confidential:

1. Has this student been subject to any disciplinary actions? Yes No
If yes, please explain.

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2. Are any disciplinary charges pending? Yes No
If yes, please explain.
3. Has the student engaged in conduct resulting in a Title IX investigation and/or discipline through Title IX proceeding? Yes No
4. Is this student eligible to re-enroll at your college? Yes No Conditionally
If no or conditionally, please explain.
5. Any additional comments you may wish to make regarding this student.

Signature

Date

Printed Name

Phone Number

Title _____

Institution _____

Thank you for taking time to complete this form. Please return confidentially sealed to the coordinator at your college:

San Diego City College

Dean Andrew MacNeill
1313 Park Boulevard, Office AH-519
San Diego, CA 92101

San Diego Mesa College

Dora Schoenbrun-Fernandez, Office G-237
7250 Mesa College Drive
San Diego, CA 92111

San Diego Miramar College

Laura Gonzalez
10440 Black Mountain Road, Office H-110D
San Diego, CA 92126