

Grace Elizabeth Groner Foundation
Dean Recommendation Form

Student Name (Please Print) _____

ID Number (Please Print) _____

Program Name and Description _____

Semester of Participation _____

I waive my rights to this information and authorize this form to be sent to the Grace Groner Foundation office.

I grant permission to the GEGF to discuss my conduct record with the office of Student Affairs.

Student Signature

Date

The above student is requesting acceptance into the GEGF. Please respond to the following questions and return this form to the Director of the Foundation.

	YES	NO	
This student is now a full-time undergraduate student in good academic standing	<input type="checkbox"/>	<input type="checkbox"/>	
This student has never been on academic probation	<input type="checkbox"/>	<input type="checkbox"/>	
This student is currently in good judicial standing	<input type="checkbox"/>	<input type="checkbox"/>	
This student has been subject to disciplinary action	<input type="checkbox"/>	<input type="checkbox"/>	
How would you rate the violation?			
<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	<input type="checkbox"/> Repetitive

Description:

I support the student's petition to participate in the above mentioned program YES NO

I believe the student will be a good representative of the GEGF YES NO

Your signature indicates consent for release of this information to the GEGF.

Dean Signature

Date