



LETTER OF SUPPORT AND GOOD ACADEMIC STANDING

To be completed by an academic dean (or equivalent)

Student Name:

Degree Program:

School Name:

Expected Graduation Date:

Administrator's Name:

Role:

Address:

City:

State:

Zip Code:

Is this student in good academic standing?

Yes No

I have met with the student listed above and have discussed the roles and responsibilities of .

Yes No

Please select one of the following and give a brief description for why.

I support this student's involvement on the SNMA Board of Directors.

I have reservations about this student's involvement on the SNMA Board of Directors.

I DO NOT support this student's involvement on the SNMA Board of Directors.

Signature

Date