

STUDY ABROAD PROGRAM APPROVAL

Please visit your home institution study abroad/international program advisor or other authorized campus official to discuss your study abroad plans and to have the following completed:

STUDENT'S FULL NAME _____

STUDENT STATUS AND CREDIT TRANSFER

1. Is this student seeking a degree at the home institution? Yes No
2. Is the student considered to be in good academic standing? Yes No
3. Has this student ever been involved in any serious legal or disciplinary action?
 Yes No (If yes, please provide the official record.) Unknown
4. Does this student have the home institution's approval to study abroad on this program?
 Yes No
5. The home university will award transfer credits upon receipt of:
 Official transcript from Host University
OR The Home University will not award transfer credit for this program

Advisor Name: _____

Title: _____

Institution Name: _____

Name of Office: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Email: _____

SIGNED: _____

DATE _____



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