

STUDY ABROAD APPROVAL FORM

To be completed by the student (please print):

Name _____ Program _____

Semester _____ E-mail _____

Please sign the authorization and submit this form to your study abroad adviser or other appropriate person on your campus for completion.

Students whose home institution is UW-Platteville should submit the form to their academic adviser.

I am applying to the above named Institute for Study Abroad Program and authorize the release of information to complete this application.

I waive my right of access to this information

I do not waive my right of access to this information

Applicant's signature _____

Date _____

To be completed by your faculty adviser or study abroad adviser:

Section A:

Is this student in good academic standing? Yes No

Do you recommend this student? Yes No

Comments: _____

Section B:

Has this student completed the necessary steps for approval from your institution? Yes No

Will the credit earned on the Institute for Study Abroad Programs be accepted toward this student's degree program at your institution? Yes No

Section C:

Name _____ Dept. _____

College/University _____ E-Mail _____

Signature _____ Date _____