



## Statement from University

To the Applicant:

Please have your study abroad or academic advisor responsible for approving the academic portion of your term abroad complete this form. This form is mandatory for all Education Abroad Network applicants. Your advisor can return the completed form to you in a sealed envelope for inclusion with your application, or s/he can return it directly to The Education Abroad Network.

### Applicant Details:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Program Choice

Indicate study period, year and program for which you are applying.

**Program**

1. \_\_\_\_\_

(Program / University Name)

2. \_\_\_\_\_

(Program / University Name)

3. \_\_\_\_\_

(Program / University Name)

**Study Period**

Fall Semester

Spring Semester

Summer

Academic Year

Calendar Year

**Year**

2010

2011

2012

2013

### Applicant Waiver:

"I understand that the completed recommendation below will be used solely for the purpose of my application to The Education Abroad Network and, on that understanding, I hereby waive my right to it."

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

### To the Study Abroad Advisor or Academic Advisor:

This student has made an application to an Education Abroad Network program. If selected, this student is expected to enroll in a full academic program. We would appreciate a confidential statement evaluating this student. Please complete and forward this form as quickly as possible. Completed forms may be faxed or mailed to The Education Abroad Network, or returned to the student in a sealed envelope.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STATEMENT FROM UNIVERSITY**



**Address to Send Transcripts at Conclusion of Program**

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Details for Study Abroad or International Programs Office**

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Is this student in good academic standing?**

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Has your institution approved this student to study abroad?**

Yes

No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Will your institution accept the student's credits from this program and apply them toward his/her degree?

Yes

Yes, provided that the student passes each course with a grade of \_\_\_\_\_ or better.

Yes on the following condition: \_\_\_\_\_

No

**Is this student under disciplinary probation or investigation?**

Yes

No

I do not have access to that information.

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

