

Study Abroad Advisor's Form

Your application cannot be considered until Arcadia University receives this form. Please fill out the Student Information and Program Choices section and then submit it to your dean, study abroad advisor or other home campus official responsible for approving study abroad.

Student Information

Current Institution _____ Birth Date _____

Name (please print) _____

first middle last

(please print your name on the reverse side)

Current Address _____

street city or town state zip code

Telephone (_____) _____ E-mail Address _____

I hereby authorize information needed to complete this form to be released to the official responsible for approving my program of study abroad. I hereby (check one) waive do not waive my rights of access to this information.

Student's Signature

Date

Program Choices:

Please list your top three program choices in order of preference. Note: your application is submitted to only one program at a time.

Study Period Codes:

AY Academic Year	FS Fall Semester	ST Spring Term	STT Two Spring Terms	SU Summer Program
PS Pre-session	FT Fall Term	SS Spring Semester	SUS Summer Semester	JAN January Term

Program Choice #1 _____ Study Period _____ 20_____

Program Choice #2 _____ Study Period _____ 20_____

Program Choice #3 _____ Study Period _____ 20_____

Complete the transcript release information below. At the end of the program, Arcadia University The College of Global Studies will send one official copy of your program transcript to your home college. Please list the **address of the registrar's office at your home institution** or another office to which the transcript should be sent. This information must be accurate.

Name _____ Position/Title _____

Office _____ Institution _____

Address _____

street city or town state zip code

Telephone (_____) _____ E-Mail Address _____

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Please send this information to the Arcadia University, The College of Global Studies, 450 S. Easton Road, Glenside, PA 19038-3295.

To the Home College Official Responsible for Approving this Student's Program of Study Abroad:

The study abroad application for the student named below will not be complete until we receive this form indicating institutional approval of this applicant's foreign study plans and your comments, if any, about the applicant. Because all applications are handled on a rolling admissions basis, your prompt response will be appreciated. Feel free to attach a separate sheet on your letterhead if necessary. Please check the name and address on the reverse side to be sure that it indicates the correct place to send the final official transcript for credit transfer. If it is not correct, please supply the proper information.

Student Name _____

Academic Section

Is this student in good academic standing? Yes No If no, please explain.

What is your general estimate of this student as a candidate for study abroad?

Has this student secured the necessary approval from your institution to study abroad? Yes Approval not necessary No If no, please explain.

Will the credits earned by this student in an Arcadia University The College of Global Studies program abroad be accepted toward this student's degree program at your institution?

- Yes, transfer credit is guaranteed.
 Yes, but final approval cannot be granted until after the student completes the program.
 Yes, but subject to the conditions listed.
 No, for the reasons listed.

Do you recommend this student? Yes Yes, with reservations (attach explanation of reservations) No

Disciplinary Section

Does this student have a disciplinary record with the institution? Please check the appropriate box:

- No Yes, and an official document or copy stating the details is enclosed I do not have access to that information

If you have any additional comments, you may attach a separate sheet of letterhead. Thank you.

Dr/Mr/Mrs/Ms _____ Position _____

Department _____ Institution _____

Address _____
street city or town state zip code

Phone (____) _____ Fax (____) _____ E-mail Address _____

Signature _____

Date _____