

Cedarville University Institute of Spanish Studies Study Abroad

STUDY ABROAD APPROVAL FORM

To the student:

Name _____ Program _____ Term/Year _____
Telephone (____) _____ E-mail _____

Please sign the authorization, check the address below to which you would like it sent, and give this form to your study abroad adviser or other appropriate person on your campus.

I formally apply to the above named program and authorize the release of information to complete this application.

- I request that a transcript of my work be sent automatically to my home campus on completion of this program.
 I waive my right of access to this information. o I do not waive my right of access to this information.

Applicant's signature _____ Date _____

**To the academic dean,
study abroad adviser or faculty adviser:**

Is this student in good academic standing? Yes No

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

Do you recommend this student? Yes No

Will the credit earned on the program be accepted toward this student's degree program at your institution?

- Yes, under the usual transfer policies.

Comments:

Name _____ College/University _____

Address _____

Title/Department _____ Telephone () _____ E-mail _____

Signature _____ Date _____

Please mail to:

Cedarville University, International Programs, 251 N. Main Street, Cedarville OH 45314