

Institute of Spanish Studies – Study Abroad

STUDY ABROAD APPROVAL FORM

Student Information

Name: _____

Program: _____

Term / Year: _____

Email: _____

Student Authorization

Please sign below and submit this form to your study abroad advisor or appropriate campus office. Once completed, email the form to admin@issvalencia.com.

I hereby apply to the program listed above and authorize the release of information necessary to process my application. I also request that an official transcript be sent to my home institution upon completion of the program.

Applicant's Signature: _____ Date: _____

Academic Approval

Is the student in good academic standing? Yes No

Has the student completed all required approval steps? Yes No

Do you recommend this student? Yes No

Will the credit earned be accepted toward the student's degree? Yes No

Comments:

Advisor / Institutional Representative

Name: _____

Title / Department: _____

College / University: _____

Email: _____

Signature: _____ Date: _____