

STUDY ABROAD ADVISOR FORM

SECTION A: Student

Instructions: In order to receive credit at your home institution for your participation on an AMIDEAST Education Abroad Program your study abroad advisor must agree to accept either an AMIDEAST Grade Report or a transcript from AMIDEAST's Institution of Record, Northeastern University. If you are not requesting Academic Credit, please complete the Non-Credit Section. In this case, the second section does not need to be completed by a study abroad advisor. Your application will not be considered complete until this form has been submitted.

Name of Applicant

First

Middle

Last

Home Institution

AMIDEAST Program

Country: <input type="checkbox"/> Egypt <input type="checkbox"/> Jordan <input type="checkbox"/> Morocco <input type="checkbox"/> Oman <input type="checkbox"/> Tunisia	Year:
Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Academic Year	<input type="checkbox"/> 2014 <input type="checkbox"/> 2015

Academic Credit

If you are requesting to transfer academic credit back to your home institution, please complete this section, and have your Study Abroad Advisor complete the next page.

I am requesting academic credit for my participation in the AMIDEAST program.

I authorize the release of information necessary to complete this form to the study abroad advisor or other official responsible for approving international programs of study at my institution, and request that it be completed and forwarded to AMIDEAST. I hereby waive my rights of access to this information. I also authorize AMIDEAST to issue a grade report or transcript to my institution at the conclusion of my program. I understand that it is my responsibility to make all arrangement for credit transfer with my home institution.

Signature _____

Date _____

If you are NOT requesting to transfer academic credit back to your home institution, please complete this section and return this form to AMIDEAST.

I am NOT requesting academic credit for my participation in the AMIDEAST program.

I do not wish to receive academic credit at this time. I understand that my AMIDEAST academic records will be kept on file by AMIDEAST and that I may request to have an AMIDEAST grade report sent to the institution of my choice within five years of my program end date. I understand that it is my responsibility to make all arrangement for credit transfer and that AMIDEAST cannot guarantee that I will receive credit at my home institution if arrangements are not made prior to participation.

Signature _____

Date _____

(OVER)

SECTION B: Study Abroad Advisor

Instructions: Please fill out this section and return the form to the student. Thank you for your assistance.

Name Robert Dowden Title Education Abroad Advisor
First Last
Office Center for Global Education Institution The Catholic University of America
City Washington State DC Zip Code 20064 Country USA
Phone 202-319-6010 Email dowden@cua.edu

1. Is the participant approved to apply to and participate in the AMIDEAST program(s) listed above?

Yes No

2. Has the participant ever been on academic or disciplinary probation?

Yes No I do not have access to this information

If yes, please explain: _____

3. How will this student receive credit for this program? (Please check only one option)

My institution will accept credit from an AMIDEAST Grade Report.

My institution will only accept credit from AMIDEAST's Institution of Record, Northeastern University in Boston, MA. *Please Note: Students will be required to fill out a student information sheet for Northeastern University and provide their social security number in order to request a transcript. Transcripts will be made available to students 8-10 weeks after the completion of the semester.*

Our institution should be billed for the \$350 Institution of Record fee.

The student should be billed for the \$350 Institution of Record fee.

The AMIDEAST grade report or Northeastern transcript should be sent to:

Name Robert Dowden Title Education Abroad Advisor
First Last
Office Center for Global Education Institution The Catholic University of America
Street Address 620 Michigan Ave NE, 111 McMahon Hall
City Washington State DC Zip Code 20064 Country USA

4. Please provide any comments or concerns about this student's participation in the previously listed program.

Signature _____ Date _____

Please return completed form to the student.

Please contact us with any questions or concerns at 202-776-9658 or edabroad@amideast.org.