Education Abroad Advisor Form

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

Student Information

Name ____________________________________________________________

Home Institution ________________________________________________

Intended Education Abroad Term ________________________________ Education Abroad Program ________________________________

E-mail address: ______________________________________ Phone Number (__) ______________________

I hereby authorize the release of any information needed to complete this form to the official responsible for approving my education abroad application with The Catholic University of America. I unconditionally and voluntarily consent to the release of such records pursuant to this request.

Student Signature ___________________________ Date ____________

To the Home College Official Responsible for Approving this Student’s Program of Education Abroad

The education abroad application for the student named on 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. Your prompt response will be appreciated, and feel free to attach a separate sheet on your letterhead if necessary.

Academic Section  Please check the appropriate answer

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

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 a CUAbroad program abroad be accepted towards 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?  ☐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 ________________________________________________________________

Phone (______) ______________________ Fax (______) ______________________ E-mail Address ____________________________