

FACULTY/ADVISOR SIGNATURE FORM

Please visit your home institution study abroad/international program advisor to discuss your study abroad plans and to have the following completed:

STUDENT'S FULL NAME _____

STUDY ABROAD / INTERNATIONAL PROGRAMS ADVISOR

Name: _____ Title: _____

University Name: _____ Name of Office: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Email: _____

STUDENT STATUS

1. Is this student seeking a degree at the home institution? Yes No
2. Is the student considered to be in good academic standing? Yes No
3. Has this student ever been involved in any serious legal or disciplinary action?
 Yes No (If yes, please provide the official record.) Unknown
4. Has this student ever been on academic probation while attending your institution? Yes No
5. Does this student have the home institution's approval to study abroad on this program?
 Yes No Unknown

CREDIT TRANSFER

1. The home university will award transfer credits upon receipt of:
 Official transcript from Host University
OR Official transcript from School of Record - The University of Minnesota, Twin Cities (additional \$350 fee paid by student applies)
OR The Home University will not award transfer credit for this program
2. The Home University will transfer credits if the student receives satisfactory marks equivalent to the U.S. grade of _____.
3. The Home University will transfer failing marks: Yes No
4. The Home University will award: (Circle One)
Letter Grades Pass/Fail Transfer Credit Other _____.
5. These marks will be calculated in his/her GPA: Yes No

Details and signature of person completing the above student status and credit transfer questions:

Name: _____ Title: _____

E-mail: _____ Phone: _____

Signed: _____



Educational Programs of

GLOBALINKS

LEARNING ABROAD

RETURN FORM TO:

GlobaLinks Learning Abroad
12050 N. Pecos Street, Suite 320

Westminster, CO 80234

Fax: 303-446-5955

studyabroad@globalinksabroad.org

www.globalinksabroad.org