



# Study Abroad Advisor Approval Form

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## To be filled out by the student participant



Name of Applicant \_\_\_\_\_

Current Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone number \_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Name of home institution \_\_\_\_\_

Program Location \_\_\_\_\_ Term and year of program \_\_\_\_\_

- I will work with the Study Abroad Advisor (or other applicable staff/faculty member) at my home university to arrange the transfer of credits from my study abroad program; or
- I do not plan to apply the credits that I earn while on my study abroad program to my academic program at my home university.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

## To be filled out by the university official who is responsible for authorizing study abroad



Is the student mentioned above in good academic standing at your university?  Yes  No

If no, please explain \_\_\_\_\_

Do you feel this student is a strong candidate for study abroad? Why or why not? \_\_\_\_\_

Has this student gained approval through your institution to study abroad?  Yes  No

If no, please explain \_\_\_\_\_

Will credits earned abroad apply to the student's academic program at your institution?  Yes  No

If no, please explain \_\_\_\_\_

Will your institution accept credits reported on the official transcripts of Athena's overseas partner universities?  Yes  No

***If no, please note that students will incur an additional charge for the arrangement and issuance of U.S. accredited transcripts.***

(over)

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Advisor Name (print clearly)

Title

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Name of US University/College

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Advisor Address

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Advisor Telephone Number

Advisor e-mail address

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Advisor Signature

Date

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Please return completed materials to:

**Athena Study Abroad  
73 Mill St.  
Suite B  
Gahanna, Ohio 43230**

**1-866-9-ABROAD  
614-416-6781 (fax)  
info@AthenaAbroad.com  
www.AthenaAbroad.com**