



SIS Study Abroad: Semester and Dual Degree Programs

School of International Service

Academic Advisor Approval Form: Partner Institutions

Student Information

Last name: _____ First name: _____ Middle Initial: _____ AU ID #: _____

Home address: _____ Phone _____
Street, City, State, Zip

School: _____ Major: _____ E-mail: _____

Status: Undergraduate Graduate School: _____ Major/Field: _____

Program Information

Semester: _____ University: _____

Course Number and Title	Credit Value	Credits to be given at AU	Application in AU Degree Program

Total credits given at AU: _____

Advisor Approval

Is the student, representing him/herself, SIS, and the University, ready and able to participate in a study abroad program?

Yes No If no, please provide a separate statement which explains your answer.

The above-named student has met with me and is cleared to participate in the aforementioned SIS Semester Abroad or Dual Degree Program for the semester and courses specified.

If the student does not enroll as specified above, an updated clearance will be required.

Student signature

Date

Advisor Signature

Date