Study Abroad Approval Form 1

This form should be returned to:

Office of Global Programs
Columbia University
204 Lewisohn Hall, Mail Code 4111
2970 Broadway
New York, NY 10027-6902
Tel: 212-854-2559
Fax: 212-854-5164
studyaway@columbia.edu
www.ogp.columbia.edu

Please note: BCGS and KCJS member students should arrange for this form or letter to be submitted to the appropriate application contacts at their home schools. Please check the website for specific information.

TO THE STUDENT

Please complete the information below and submit this form to your study abroad adviser or the appropriate person at your home school who approves study abroad. Please check your program's application page online to determine who that person is.

I have applied to attend the following program: _____

I have applied for the following term:

FALL 20____
SPRING 20____
ACADEMIC YEAR 20____ - 20____
SUMMER 20____

STUDENT NAME

SIGNATURE DATE

HOME COLLEGE/UNIVERSITY

TELEPHONE EMAIL

TO THE COLLEGE OFFICIAL

Please provide your contact information and then respond to the following questions.

NAME OF COLLEGE OFFICIAL TITLE

DEPARTMENT COLLEGE/UNIVERSITY

ADDRESS CITY STATE ZIP

TELEPHONE EMAIL

Study Abroad Approval Form 2

STUDENT NAME: _____

PROGRAM AND TERM: _____

1. To your knowledge, has this student been on academic probation or involved in any disciplinary action?
☐Yes (please explain below) ☐No

2. Is this student enrolled as an undergraduate and in good standing at your institution?
☐Yes ☐No (please explain below)

3. Based on your knowledge of the program, is the program appropriate for the student?
☐Yes ☐No (please explain below)

4. Based on your knowledge of the student, is the student prepared to meet the academic, emotional, social, and cultural challenges of studying abroad?
☐Yes ☐No (please explain below)

5. Does this student have your institution's approval to study abroad?
☐Yes ☐Yes with reservations (please explain below) ☐No (please explain below)

6. Other comments:

SIGNATURE OF COLLEGE OFFICIAL DATE