

STUDY ABROAD ADVISOR FORM

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

Student Information

Current Institution: _____

Name _____

Current phone: (_____) _____ Valid until: _____ E-mail: _____

Program applying for: _____

Term applying for: _____

I hereby authorize information needed to complete this form to be released to the official responsible for approving my program of study abroad.

I hereby (check one): waive do not waive my rights of access to this information.

Date: _____ Signature: _____

Study Abroad Advisor Section

- Please send this form to Marquette University, Holthusen Hall, 4th floor, P.O. Box 1881, Milwaukee, WI 53201

The study abroad application for the student named below will not be complete until we receive this form indicating institutional approval of this applicant's plans of study. Feel free to attach a separate sheet on your letterhead if necessary.

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

Is this student appropriately prepared for an overseas academic experience? Yes No
Please mention any reservations.

What is your opinion of this student and do you recommend them (please explain)? Yes No

Has this student secured the necessary approval from your institution to study abroad? Yes No If no, please explain.

Does this student have a disciplinary record with the institution? Please check the appropriate box

No Yes and an official document or copy stating the details is enclosed I do not have access to this information

Dr/Mr/Mrs/Ms: _____ Position: _____

Department: _____ Institution: _____

Current address: _____

Phone: (_____) _____ Fax: (_____) _____ E-mail: _____

Date: _____ Signature: _____