OFFICE OF
International Education

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: __________________________

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: __________________________