DUKE UNIVERSITY GLOBAL EDUCATION OFFICE FOR UNDERGRADUATES
Home College/University Approval form (for NON DUKE STUDENTS ONLY)

To the Dean, Study Abroad Advisor, Academic Advisor, or Campus Official responsible for approving study away programs:

The purpose of this form is to verify that the student listed here has your institution’s approval to participate in a study away program offered by the Global Education Office at Duke University. The student’s application cannot be considered complete and reviewed until this form is received.

Please return this form to:
Duke University
Global Education Office for Undergraduates
Mail: 114 S Buchanan Blvd, Box 90057 Durham, NC 27708-0057
Fax: 919.684.3083
Email: globaled@duke.edu

STUDENT INFORMATION

Name: _______________________________ Duke Program: __________________________ Term: ______________
Current Institution: ________________________________________________________________

I hereby authorize the release of information needed to complete this form to the campus official responsible for approving my study abroad program and ask that the form be completed and forwarded to the Global Education Office at Duke University

Signature ___________________________________________ Date __________________________

Is this student a full time undergraduate in good academic standing at your institution?  ○ Yes  ○ No
If no, please explain:
_________________________________________________________________________________________

Has this student ever been on academic or disciplinary probation or involved in a discipline case?
○ No  ○ Yes (Please explain):
_________________________________________________________________________________________

To the best of your knowledge do you think the student has the necessary ability and skills needed to succeed on this study away program?
○ Yes  ○ Yes, with reservations  ○ No  ○ N/A, I do not personally know this student
If you responded no, or yes with reservation, please explain:
_________________________________________________________________________________________

Will this student receive credit toward his or her degree requirements at your institution for coursework successfully completed on this program?  ○ Yes  ○ No  ○ Yes with these conditions:
_________________________________________________________________________________________

If you have any additional comments, or if there is anything else this office should know about this student, feel free to attach a separate sheet on letterhead, or contact the Global Education Office. Thank You.

DEAN, STUDY ABROAD ADVISOR, ACADEMIC ADVISOR, OR CAMPUS OFFICIAL

Name _______________________________ Title _______________________________
Institution/Office _______________________________ Address _______________________________
Phone _______________________________ Email _______________________________
Approvers Signature _______________________________ Date _______________________________