

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:

\_\_\_\_\_

Is this student currently, or 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 \_\_\_\_\_

Approver Signature \_\_\_\_\_ Date \_\_\_\_\_