Study Abroad Academic and Business Approval Form

To be completed by USF Student:

Name ________________________________ Student ID# __________________________

Major: ________________________________ 2nd Major/Minor: ____________________

Study Abroad program (term/year/location): ________________________________

Student phone: __________________________ USF Academic level: ________________

Student Signature: ___________________________ Date___________________

I understand that I am required to meet with the following USF Departments to review my options, deposit requirements, and financial aid awards to finalize my semester term of Study Abroad. I understand that there may be additional expenses as well as extra fees for travel, passport application and educational expense for my semester abroad.

Student Signature __________________________ Date ______________

To be completed by USF Departments in the order listed below:

1. Faculty Advisor: __________________________ Date___________________

   Note/Items to be completed __________________________________________

   _________________________________________________________________

2. Financial Aid Services
   Counselor/Director Signature: __________________________ Date: ____________

   Note/Items to be completed __________________________________________

   _________________________________________________________________

3. Business Office Signature: __________________________ Date: ________________

   Note/Items to be completed __________________________________________

   _________________________________________________________________

4. International Programs
   Assistant Director Signature: __________________________ Date: ________________

   Note/Items to be completed __________________________________________

   _________________________________________________________________