

Advisor Clearance Form

Name: _____

Program student is applying for: _____

Major 1: _____

Major 2 (if applicable): _____

To the student: You must have your advisor (or advisors if more than one major) sign this form.

To the advisor: The above named student has applied for study abroad for the term(s):

Fall 20___ or Spring 20___ or Academic Year 20___ / ___.

Your signature below indicates that the student has consulted you about his or her plans to study abroad.

Advisor's Signature: Major 1	Date
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Advisor's Signature: Major 2 (if applicable)	Date
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Does the student have your support and recommendation? Please feel free to use the space below for any comments you might have.