

## PARTICIPATION APPROVALS

### AFFILIATED PROGRAM

Name: \_\_\_\_\_ PLID: \_\_\_\_\_  
 Program: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Semester of Study Abroad: Spring 20  Summer 20  Fall 20  Winter 20

*By signing this form I certify that I understand and accept that I am responsible for the duties related to my participation in an Education Abroad program and authorize the release and sharing of my confidential records among university offices. If there is the possibility of a change in my current status, I must discuss my case with my academic advisor, and Education Abroad. Otherwise, I may no longer qualify for enrollment, and I may not be eligible for a refund. I further understand that it is my responsibility to verify the transferability of courses with the Texas State Office of Undergraduate Admissions, and applicability of courses toward my degree program with my College Academic Advisor.*

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

#### To be completed by the Academic Advisor (Advising Center in College)

I hereby certify that the student listed above

- |   |   |
|---|---|
| <input type="checkbox"/> has been on probation  | <input type="checkbox"/> has never been on probation  |
| <input type="checkbox"/> has been on suspension | <input type="checkbox"/> has never been on suspension |
| <input type="checkbox"/> is on probation        | <input type="checkbox"/> is NOT on probation          |
| <input type="checkbox"/> is on suspension       | <input type="checkbox"/> is NOT on suspension         |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_