PARTICIPATION APPROVALS

INTERNATIONAL EXCHANGE PROGRAM

Name: ___________________________ Student ID#: ___________________________
Program: ___________________________ Major: ___________________________ Minor: ___________________________

Semester(s) of exchange: 
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 exchange 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 the Study Abroad Office, otherwise, I may no longer qualify for participation, 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

[ ] has been on probation  [ ] has never been on probation
[ ] has been on suspension  [ ] has never been on suspension
[ ] is on probation  [ ] is NOT on probation
[ ] is on suspension  [ ] is NOT on suspension

Comments: ________________________________________________________________
________________________________________________________________________

Advisor's Name: ___________________________ Signature: ___________________________ Date: / / _____