

1765 Stadium Road, Suite 170 Hub Gainesville, FL 32611-3225

Phone: 352-392-5323 Fax: 352-392-5575

## HOME INSTITUTION APPROVAL FORM

Student's Full Name:		
Progra	m Name:	Term:
,	Abroad Official at Home Institution:	
	, -	ipate in a University of Florida sponsored study abroad
progra	m. In order for the University of Florida	a to approve this student, please complete the form below
		onDegree@ufic.ufl.edu). Please note: Students participating
in stua	ly abroad programs through the Levin	College of Law should not complete the Home Institution
Appro	val Form, but should instead have a Let	tter of Good Standing submitted with their application.
1)	Is this student a degree-seeking student	ent at your university? Yes No
2)	Is this student in good academic stan	nding (e.g. not on academic probation)? Yes No
3)	UF sponsored programs may have co	ourses taught by UF faculty and/or by a partner institution
	and therefore may award UF and/or t	transfer credit. All credit earned through UF sponsored
	program will be sent to students' Hor	me Institution on a University of Florida transcript. Will credit
	from the student's study abroad prog	gram transfer back to the home university?
	Yes Yes, with conditions (ple	ease list in comments) No
4)	Does this student have the home inst	titution's approval to participate in this study abroad
	program? Yes Yes, with rese	ervations (please list in comments) No
5)	Does this student have previous or cu	urrent disciplinary problems?
	Yes (Please explain in comments)	No Unknown (Please direct student to
	appropriate office on your campus to	have this certified)
6)	Where should the record of this stude	ent's final grades be sent? To my office
	To another office at this institutio	on (provide the correct address in the comments below)
Comm	ents:	
Name	of Official:	Position:
Institution:		
	Address:	
		Email:
By sian	ning helow you state that the informati	ion listed above is true to the best of your knowledge.
, ,	3	eeded, please contact the University of Florida International
	, ,	S Non-Degree Processing at <u>SASNonDegree@ufic.ufl.edu</u> ).
Sianati	iro:	Data
Signall	ure:	Date:

1765 Stadium Road, Suite 170 Hub Gainesville, FL 32611-3225

Phone: 352-392-5323 Fax: 352-392-5575

## ACADEMIC REPORT REQUEST FORM

Please provide an address at your home institution to which we can send an official transcript with grades from your study abroad program. Please double-check with your home institution that this is matches the address listed on your Home Institution Approval form.

Student Name:	UFID:		
Phone Number:			
	cript to ( <i>Home Ins</i> ion to:	titution only):	
Addre			
City, S Count Zip Co	ry:		
, , ,		y of Florida International Center to release my official e institution named above to report my courses, credits and	
official transcript	to my home instit	Florida International Center will only send one copy of my ution. Any additional copies needed for personal use or be requested and paid for online via ISIS ( <a href="www.isis.ufl.edu">www.isis.ufl.edu</a> ).	
	ently enrolled at a institution electro	SUS Florida school and would like my transcript to be sent to nically.	
Signature of Stude	nt		
UFIC Approval:	(Third Party Billing	Request)	