

### HOME INSTITUTION APPROVAL FORM

Student's Full Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Term: \_\_\_\_\_

Study Abroad Official at Home Institution:

*The student listed above is applying to participate in a University of Florida sponsored study abroad program. In order for the University of Florida to approve this student, please complete the form below and return it to UFIC via mail or email ([sas@ufic.ufl.edu](mailto:sas@ufic.ufl.edu)). Please note: Students participating in study abroad programs through the Levin College of Law should not complete the Home Institution Approval Form, but should instead have a Letter of Good Standing submitted with their application.*

- 1) Is this student a degree-seeking student at your university? ☐ Yes ☐ No
- 2) Is this student in good academic standing (e.g. not on academic probation)? ☐ Yes ☐ No
- 3) UF sponsored programs may have courses taught by UF faculty and/or by a partner institution and therefore may award UF and/or transfer credit. All credit earned through UF sponsored program will be sent to students' Home Institution on a University of Florida transcript. Will credit from the student's study abroad program transfer back to the home university?  
☐ Yes ☐ Yes, with conditions (please list in comments) ☐ No
- 4) Does this student have the home institution's approval to participate in this study abroad program? ☐ Yes ☐ Yes, with reservations (please list in comments) ☐ No
- 5) Does this student have previous or current 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 student's final grades be sent? ☐ To my office  
☐ To another office at this institution (provide the correct address in the comments below)

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

\_\_\_\_\_  
\_\_\_\_\_

Name of Official: \_\_\_\_\_ Position: \_\_\_\_\_

Institution: \_\_\_\_\_ Office/Dept: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, you state that the information listed above is true to the best of your knowledge. Should any changes to this information be needed, please contact the University of Florida International Center at your earliest convenience (Attn: SAS Non-Degree Processing at [sas@ufic.ufl.edu](mailto:sas@ufic.ufl.edu)).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_