

International and Off-Campus Programs

AUTHORIZATION
FOR
PARTICIPATION

Drew University • 36 Madison Avenue • Madison, NJ 07940-4036
973/408-3438 • E-mail: intlprog@drew.edu

PERSONAL DATA

Applicant: _____ Social Security Number: _____-_____-_____

Program Name: _____ Term/Year: _____

STUDENT AUTHORIZATION

To the Student:

Please sign the transcript authorization below and then give it to the appropriate official at your home institution who has authorization for approving international and off-campus study. Review the completed form prior to mailing it to the above address.

I authorize the appropriate official(s) at Drew University to forward my Drew University transcript to my home institution. I understand that credits earned at Drew University are transferable to other colleges and universities only at the discretion of the receiving institution. Therefore, to ensure acceptance of these credits I will discuss my proposed program of study with the appropriate official at the college or university I plan to attend upon completion of this program.

Applicant's Signature: _____ Date: _____

COLLEGE AUTHORIZATION AND EVALUATION

To the Home College Official Responsible for Approving International and Off-Campus Study:

Will the credits earned by this student in a Drew University program be accepted towards this student's degree program at your institution?

- Yes, transfer credit is guaranteed.
- Yes, but final approval cannot be granted until after the student completes the program.
- Yes, but subject to the conditions listed.
- No, for reasons listed.

Does this student have a disciplinary record with your institution? Please check the appropriate box:

- No.
- Yes. A copy of the official college record is enclosed, or relevant details are provided below.
- This student's disciplinary record has been reviewed and approved for off-campus study by an appropriate official at my institution.

Comments: _____

continued on other side

