

**Institute for Study Abroad**

1100 West 42nd Street, Suite 305

Indianapolis, IN 46208-3345 USA

Telephone: 800-858-0229 or 317-940-9336 Fax: 317-940-9704 www.ifsabutler.org

**Undergraduate Program****Approval (page 1 of 2)****Instructions for the Student**

In planning study abroad, you must make arrangements for the transfer of credit you expect to earn. This form helps to facilitate that process and comply with the regulations of your home institution.

Complete and sign this side of the form. Then write your name and home institution on the other side of this form and give it to your study abroad advisor. (If your campus does not have a study abroad advisor, then an academic dean, registrar, or other campus official who has access to the necessary information may complete this form.) Ask him or her to complete and forward this form to our office.

You must sign the consent to disclosure statement below and on the Agreements and Releases page to ensure that your final program transcript is forwarded to your home institution.

**Authorization to Release Information**

I hereby waive my right of access to the information on this form and ask that it be completed and forwarded to the Institute for Study Abroad, Butler University.

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

**Consent to Disclosure of Education Records**

I hereby authorize and direct my Home Institution (hereafter "Disclosing Institution") to disclose to the Institute for Study Abroad, Butler University ("IFSA-Butler") my education records as described below. I further authorize IFSA-Butler to disclose my education records as described below to any educational institution which may be involved in any program to which I am accepted. The purposes of this disclosure are for IFSA-Butler to determine whether I will be accepted as a participant in a study abroad program administered by IFSA-Butler, and for IFSA-Butler to provide such information to any educational institution that may be involved in any program to which I am accepted so that such institution may have the information necessary to address my educational needs and interests.

The records I authorize and direct to be disclosed by the Disclosing Institution to IFSA-Butler and by IFSA-Butler to the educational institution are:

1. My academic transcript,
2. Records showing the activities in which I am or have been involved while attending the Disclosing Institution, and
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me by the Disclosing Institution.

I understand that by signing this consent I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act, 20 USC Section 1232g, and I waive those rights voluntarily by signing this consent. I further understand that I have the right to revoke this consent at any time by notifying the Disclosing Institution and IFSA-Butler of my revocation of this consent. To ensure proper notification of revocation of this consent, I understand that I should submit my request in writing to the Disclosing Institution and IFSA-Butler.

Printed Name \_\_\_\_\_ Home Institution \_\_\_\_\_

Signature \_\_\_\_\_ Student Identification Number \_\_\_\_\_

Date \_\_\_\_\_

**Student Information**

Name \_\_\_\_\_  
(first) (middle) (last)

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Local Telephone ( ) \_\_\_\_\_

Major \_\_\_\_\_

Class Standing When You Study Abroad (circle one) Soph Jr Sr

**Program Selection**

Please list your top university choices in order of preference (see our catalogs or website for university listings). Your application most likely will be submitted to your first choice university only.

First Choice Program \_\_\_\_\_

Alternate Program \_\_\_\_\_

Student Name \_\_\_\_\_ Home Institution \_\_\_\_\_

**To the Study Abroad Advisor**

If your campus does not have a study abroad advisor, an academic dean, registrar or other campus official who has access to the information below may complete this form.

The above student is applying for a full-time program of undergraduate study abroad sponsored by the Institute for Study Abroad, Butler University, with the expectation that the U.S. equivalent of the semester hours of credit earned abroad will be transferred toward his or her academic program in progress at home. Your student's application cannot be considered until we receive this form from you.

IFSA-Butler is a national nonprofit organization regularly serving students from accredited colleges and universities. We require that all applicants be degree-seeking undergraduate students currently enrolled and in good standing at an accredited U.S. or Canadian college or university. By signing this form, you approve transfer of credit earned abroad as shown on the Butler University transcript.

To your knowledge, has this student been involved in any serious disciplinary action while attending your institution?  Yes  No  
If yes, please explain the nature of the incident (e.g., alcohol, drugs, academic).

Is this student a full-time undergraduate in good standing at your institution?  Yes  No If no, please explain.

Has this student ever been on academic probation?  Yes  No If yes, please explain.

Does this student have your approval to study abroad at his or her nominated universities?  Yes  Yes with reservations  No  
If no or yes with reservations, please explain.

Advisor Name \_\_\_\_\_ Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
E-mail \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Program Transcripts**

After the student completes the study abroad program, the Butler University Registrar will provide an official transcript for credit transfer. This transcript will show the institution attended abroad and the U.S. equivalent grades and semester hours of credit earned in all courses attempted.

An original Butler University transcript will be forwarded to the student's permanent home address and the designated transcript recipient at the home institution. If your university has previously designated a single recipient for all transcripts, we will send the transcript to that address. Otherwise, IFSA-Butler will be in contact with your institution before the transcript is ready to be mailed.

**Disregard this form if you have used our online recommendation tool.**

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Online Application Supplemental Form

**Academic Recommendation**

**Student must complete top section**

I waive my right of access to this recommendation.

I do not waive my right of access to this recommendation.

Student Name \_\_\_\_\_ Home Institution \_\_\_\_\_

First Choice Program \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Faculty Member**

This form is an integral part of the above student's application to study abroad through the Institute for Study Abroad, Butler University. IFSA-Butler is a nonprofit organization regularly serving students from accredited colleges and universities throughout the U.S. and Canada.

To help ensure favorable consideration of this student's application to one of our affiliated institutions abroad, please complete this form and forward it directly to our office. If you use additional pages, please use university letterhead and sign both the form and the extra page(s).

We seek your evaluation of the student's academic ability as well as his or her social maturity and emotional strengths in terms of undertaking a period of study abroad. We are particularly interested in your assessment of the student's academic motivation and any special attributes relevant to foreign study. Your noting any weaknesses that might impede the student's success abroad would also be of great help to us.

How long and in what capacity have you known this student? Please list any courses this student has taken with you.

What is your general estimate of this student's intellectual ability and academic motivation?

On a scale of 1 (low) to 10 (high), how does this student rank in the following areas?

	Low									High
Writing ability	1	2	3	4	5	6	7	8	9	10
Quantitative ability	1	2	3	4	5	6	7	8	9	10
Critical thinking ability	1	2	3	4	5	6	7	8	9	10
Depth of background in proposed subject	1	2	3	4	5	6	7	8	9	10

Have you found this student to be a mature and stable person? Do you think this student would make the personal, social and academic adjustment to a program abroad?

Do you have any additional comments about this student?

Please complete and sign this form. Forward this completed form directly to the Institute for Study Abroad, Butler University, at the address listed above.

Name \_\_\_\_\_ Title/Dept. \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

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

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*Online Application Supplemental Form***Agreements and Releases****Agreements**

I hereby authorize the Institute for Study Abroad, Butler University ("IFSA-Butler"), to reproduce my completed Application Form, Program Approval Form, Recommendation Form and any other references in support of this application and release them to cooperating institutions abroad, their personnel and IFSA-Butler staff.

I have read the descriptions of the programs for which I am applying and accept the program arrangements as offered.

I certify that the statements I have made on this Application Form are correct and agree to notify the Institute for Study Abroad if I should fail to remain in good standing at my Home Institution or suffer a change in circumstances that might compromise my success in studying abroad.

I understand that my acceptance of a program place will subject me to the published rules and regulations of the Institute for Study Abroad and my Host Institutions with regard to both personal and academic performance. I understand that failure to comply with these rules and regulations may result in my dismissal from the program and/or loss of academic credit with no refund of the program fee.

I authorize the Host Institution abroad to furnish IFSA-Butler, both in the country of the Host Institution and in the United States, with any of my academic and personal information that IFSA-Butler determines, in its sole discretion, is required for the administration of the Program.

I authorize IFSA-Butler offices and personnel in the country of the Host Institution to share my academic and personal information with IFSA-Butler offices and personnel in the United States and other countries, to the extent IFSA-Butler determines, in its sole discretion, is required for the administration of the program.

I authorize the appropriate official(s) of my Host Institution(s) abroad to forward official transcripts or grade reports of work completed abroad to the Butler University Registrar, and I authorize the Butler University Registrar to forward an official transcript for this work to the appropriate official(s) at my Home Institution as listed on my Program Approval Form.

Applicant's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Disclosure of Education Records to Home Institution and Governmental Agencies**

I hereby authorize and direct the Institute for Study Abroad, Butler University ("IFSA-Butler") to disclose my education records and other records as described below and/or the information contained therein to my Home Institution and to all appropriate U.S. and foreign governmental agencies. The purposes of this disclosure are for IFSA-Butler to keep my Home Institution advised of my progress and participation in the study abroad program in which I am participating and to permit IFSA-Butler to provide information as requested or required by U.S. and foreign governmental agencies.

The records and information I authorize and direct to be disclosed by IFSA-Butler are:

1. My academic transcript or other information relating to my academic performance and progress;
2. Records showing the activities in which I am or have been involved while participating in a study abroad program;
3. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me or reflecting incidents of misconduct by me that did not result in disciplinary proceedings or action arising out of my participation in a study abroad program;
4. Records reflecting any medical or other emergency situations in which I may become involved while participating in a study abroad program; and
5. Records reflecting my payments to IFSA-Butler and the status of any accounts due and owed by me to IFSA-Butler.

I understand that by signing this consent I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act, 20 USC Section 1232g, and I waive those rights voluntarily by signing this consent. I further understand that I have the right to revoke this consent at any time by notifying IFSA-Butler of my revocation of this consent. To ensure proper notification of revocation of this consent, I understand that I should submit my request in writing to IFSA-Butler.

Printed Name \_\_\_\_\_ Home Institution \_\_\_\_\_

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

**Authorization to Release Information**

I hereby waive my right of access to the academic information included in this application, including the Academic Recommendation form, and ask that it be completed and forwarded to the Institute for Study Abroad, Butler University.

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

First Choice Program \_\_\_\_\_