

**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, 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 \_\_\_\_\_

**Student Information**

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

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

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

Major \_\_\_\_\_

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

**Program Selection**

Indicate below the period of time you intend to study abroad.

**Australia/New Zealand**

Semester 1 (Feb–July)

Semester 2 (July–Nov)

Calendar year (Feb–Nov)

Academic year (July–July)

**Egypt/Rep. Ireland/Sharjah UAE/U.K.**

Fall term/semester (Sept–Dec/Jan)

Spring two-term/semester (Jan–Jun)

Academic year (Sept–Jun)

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

From (month/year) \_\_\_\_\_

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

From (month/year) \_\_\_\_\_

**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 that 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 \_\_\_\_\_

**This is a two-sided form.** Please complete both sides.

**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.ifsa-butler.org

**Undergraduate Program****Approval (page 2 of 2)**

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.