



GEORGETOWN

C O L L E G E

Live. Learn. Believe.

Office of International Programs
Approval Form

Short-Term Study Abroad

Student Name: _____ I.D. # _____ Date: _____

You must return the completed form to the Director of International Programs by the dates below.

1. Indicate the study abroad program(s) in which you are interested:

2. Indicate the dates that you intend to study abroad: _____

3. Circle the term in which you will go:

Winter term
Approval Form Due: September 15

Summer Term
Approval Form Due: February 15

Required Consultations and Signatures:
(signature indicates approval)

You must return the completed form to the Director of International Programs by the dates indicated above.

1. KIIS/CCSA Campus Advisor _____ Date: _____

2. Faculty Advisor _____ Date: _____

By signing this form, I agree to give the Office of International Programs access to my academic and disciplinary records.

Student Signature

Date

Approved:

Director, International Programs

Date