

STUDY ABROAD APPROVAL FORM (SAF)

Students must complete this form to the LA Department for prior approval.

Study Abroad Informat			
Name of Student:			
Study Abroad Institutio	tudent:		
Study Abroad Departm	ent Name:		
Study Abroad Departm	ont Addross		
Study Abroad Departm	ent Phone Number:		
Enrollment Information	n:		
Starting Date: Ending Date:			
Please check one:	Full Time	Part Time	# of Credit Hours
Course Titles and Description	riptions:		
Department Approval			
Internship Advisor Sig	nature	Date	_