

Instructions for the Student:

Sign the transcript release and give this form to the Study Abroad Advisor or other university/college official who is responsible for approving your participation in study abroad. This form needs to be returned to: **International Studies Office, University of Virginia, PO Box 400165, Charlottesville, VA 22904-4165.**

I hereby authorize the University of Virginia and program affiliates to release official transcripts/grade reports to my home institution at the address given below and to communicate with my home institution about my status and participation in this program (e.g.: withdrawals, cancellations, emergencies, etc.)

Student's Name:	Pr	ogram and t	eerm(year):	
Student's Signature:		Date:		
To the Study Abroad Advisor: This student is applying to a University of Virginia study abroad program. If accepted, the student is expected to enroll in a full academic program. We would appreciate a confidential statement evaluating the student. Please complete this form and return to the International Studies Office at the address listed above.				
1) Is the student in good academic standing? 🗌 Yes 📄 No 🛛 If No, please explain:				
 2) Has your institution approved the student's study abroad? Yes No If No, please explain: 3) Will your institution accept the student's credits from this program toward the student's degree? Yes, provided that the student passes each course with a grade of or better. 				
Yes, on the following condition				
4) Has the student ever been placed on academic probation?	Yes	🗌 No	If Yes, please explain:	
5) Has the student been involved in disciplinary action?	Yes	🗌 No	If Yes, please explain:	
6) Any additional comments?				

Name	UVA should send an official transcript to:
Title	Name
Institution	Title
Postal Address	Institution
	Postal Address
Email Address	
Phone Number	Phone Number
Fax Number	Fax Number
Signature	