

**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 must be returned via email to [studyabroad@virginia.edu](mailto:studyabroad@virginia.edu) (preferred) or by mail 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: \_\_\_\_\_ Program and term(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 \_\_\_\_\_

No

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?

**To be completed by the Study Abroad Advisor:**

Advisor's Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

**UVA should send an official transcript to:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_