



DBS Study Abroad Program Study Abroad Advisor's Form

Applicant Information

Name: _____

Current address: _____

Permanent address (if different from current address):

City, State, Zip: _____

Current phone: _____

Email: _____

Semester/year of study:

Fall 2010 Spring 2011

I understand and agree to the credit transfer policy of my home institution. I hereby authorize my Study Abroad Advisor to release my academic records to the DBS Study Abroad Program.

Student signature: _____ Date: _____

Advisor Information

To the Study Abroad Advisor: Please complete and sign the following for the above noted student who is applying to participate in the DBS Study Abroad Program for the semester indicated. DBS is a private college located in central Dublin that is accredited by the Higher Education Training Awards Council (HETAC), the external accrediting body of the Irish government.

Is this student in good academic standing? yes no if no, please explain

To the best of your knowledge, has this student ever been on academic or disciplinary probation? yes no if yes, please explain

Will the credits earned by this student in the DBS Study Abroad Program be accepted towards this student's degree program at your institution?

- Yes, transfer credit is guaranteed
- Yes but subject to the conditions listed
- No, for the reasons listed

Please indicate if you have any reservations in recommending this student.

Your signature on this form indicates your approval on behalf of the home institution for the above named applicant to participate on the DBS Study Abroad Program for the semester indicated.

Dr./Mr./Mrs./Ms: _____

Position: _____

Department: _____

Institution: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature and date: _____

Please return this completed form to:

Student Name:

Phone:

Email: