

STUDY ABROAD APPROVAL FORM

To the applicant:

Please complete the top portion of this form before giving it to your dean or study abroad advisor. Have your advisor return it to you for inclusion in your application packet.

First name: _____ Middle name: _____ Last name: _____

Application for...

the full academic year 200__ – 200__ fall semester 200__ spring semester 200__

To the dean or study abroad advisor:

The above named student is applying to *Odyssey in Athens*, a study abroad program of the University of Indianapolis, Athens Campus. The University of Indianapolis is accredited by the North Central Association of Colleges and Schools.

Your signature below certifies that you have discussed with the applicant their course of study and advised them of any special requirements of the college or university. It further certifies that the student will be granted credit by your institution for courses taken on *Odyssey in Athens*. If there are any courses for which a student will not be granted credit, or any conditions attached to the transfer of credit, please indicate in the space provided below.

Should you have any questions regarding *Odyssey in Athens*, please contact Ms. Dina Skias, Onsite Director at 011-

Title: _____
First name: _____ Middle name: _____ Last name: _____

College / University: _____
Address: _____ Zip: _____ City: _____ State: _____
Telephone: _____ Fax: _____ Email: _____

Date: _____ Signature: _____

ODYSSEY
IN ATHENS

