

## OFFICE OF INTERNATIONAL AFFAIRS

### International Studies Certificate Verification Form

**Students: Please fill in the below information. When form is completed with all signatures, please submit with your study abroad application to Study Abroad Coordinator. Thank you.**

Today's Date: \_\_\_\_\_

Student name \_\_\_\_\_

Student number: \_\_\_\_\_

Degree to be completed: (please circle) Bachelor          Masters          Doctorate

Major (s): \_\_\_\_\_

\_\_\_\_\_

Minor(s): \_\_\_\_\_

International Studies Certificate region: \_\_\_\_\_

Where will you study abroad (program and location)? \_\_\_\_\_

Number of credits you will earn \_\_\_\_\_ *Study Abroad program must be at least 6 credits to meet the International Studies Certificate requirement.*

Term abroad (Fall, Spring, or Summer and Year): \_\_\_\_\_

**Please have your International Studies Certificate regional coordinator complete the below section.**

The above student completed one half of the credits toward the above International Studies Certificate as of: (please fill in year)

May 20 \_\_\_\_

August 20\_\_

July 20 \_\_

December 20\_\_

**I approve the above student's intended study abroad toward completion of International Studies Certificate.**

\_\_\_\_\_  
Signature of International Studies Certificate regional coordinator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date