Faculty Coordinator must complete this form before the student returns the document to the International Initiatives Office.

**Student:**

I intend to file an application to participate in a 2019 Study Abroad program. I am requesting enrollment in the courses below. I understand that my acceptance into the Study Abroad programs or being added to the waiting list for the programs is contingent upon the following:

1. An initial interview with my Faculty Coordinator, after which he/she will either accept or deny participation based on his or her own program stipulations.
2. Once accepted by my Faculty Coordinator via this form, I must submit my completed 2019 Application to Study Abroad together with a receipt for the non-refundable $300 deposit to hold my spot in the program or on its waiting list.
3. The submission of two confidential references as given in my application packet by two faculty members not attending the trip.
4. A background check has been conducted through the Office of Student Advocacy and Accountability and the University Police Department.

I understand that I will receive, in writing from the International Initiatives Office, a decision based upon the above. I understand that my participation is contingent upon the successful completion of the above, the decision of the Faculty Coordinator, and is based on my academic and/or behavioral history at Southeastern Louisiana University and/or criminal background check.

Course #1 **Enter course #1 here** # credits Course #2 **Enter course #2 here** # credits

 [ ] Credit [ ]  Audit [ ] Credit [ ]  Audit

Print Faculty Coordinator Name: Enter name here. Name of Intended Program: Enter program here.

Print Student Name: Enter name here. Student W Number: Enter W# here.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter date here.

**Faculty Coordinator:**

Based on my interview with this student and my review of his/her academic and conduct history and needs, I recommend that:

[ ]  The pre-requisites for course Enter course here be waived.

[ ]  This student be approved for participation in Study Abroad.

[ ]  This student **not** be approved for participation in Study Abroad.

Please explain: Explanation here

Coordinator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department head signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required only if waiving pre-requisites)