Faculty Coordinator must complete this form before returning it to the International Initiatives Office.

**Student:**

I intend to file an application to participate in a 2020 Study Abroad program. I am requesting enrollment in the classes below. I understand that my acceptance into my Study Abroad program or being added the waiting list for my program 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. I cannot be denied participation due to race, gender, or disability.
2. Once accepted by my Faculty Coordinator via this form, I must submit my completed 2020 Application to Study Abroad together with a receipt for the non-refundable $300 deposit to hold my spot on my 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 and 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

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Coordinator:**

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

Waive pre-requisites for course Enter course here

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)

**\*FACULTY: ONLY COURSES OFFICIALLY LISTED ON YOUR PROPOSAL ARE ALLOWED**