Study Abroad/Academic Advisor Authorization Form

TO THE STUDENT: Please complete this section of the authorization form and submit it to your study abroad/academic advisor to approve your program. Once approved, the completed form must then be scanned and electronically submitted to your Saint Louis University – Madrid study abroad counselor (admdocs-madrid@slu.edu) before you can be accepted.

First Name: ______________________ Last Name: ____________________ Middle: __________________

Requests to study abroad: Semester: ________________ Year: ________________

Students requesting to study abroad at Saint Louis University – Madrid must meet the following criteria:

- Is in good academic standing (undergraduate 2.5 cumulative GPA).
- The student has been informed that it is her/his responsibility to be informed of current graduation requirements for her/his degree.

TO THE ADVISOR: I hereby recommend the above-named student for enrollment at Saint Louis University – Madrid as a study abroad student. I attest that he/she meets or exceeds the minimum participation criteria listed in this document.

Signature: __________________________________________

Name (printed): _______________________________________

Title: ________________________________________________

University: ___________________________________________

Telephone: ___________________________________________

Email: _______________________________________________

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