

Deadlines for Approval

Spring Semester	OCTOBER 5
Winter Session	
Fall Semester	MARCH 5
Summer Session	



Date: _____

Date: _____

EDUCATION ABROAD APPROVAL FORM

(VALID FOR CURRENT ACADEMIC YEAR ONLY)

STUI	DENTS : Please take this form to the VSU Office for Student Financial Aid after you have obtained the signatures requested below. If you have questions, call 804-524-5986.	
Name	e of Education Abroad Program:	
Progr	ram Location (city/country):	
Dates	s: From to to Semester: (F) (WI) (SP) (SU) Year:	
Host	University/ Program Provider:	
	I understand that in order to receive credit, maintain enrollment at VSU, and receive eligible financial aid during my period overseas, I must:	
1.	Be currently enrolled in a degree-seeking program at Virginia State University.	
2.		
3.	Have my courses and credits approved by my academic department and school dean BEFORE	
	departure. (Use Registrar's Concurrent Registration Course Form if transferring credits back to VSU.)	
4.	Complete Banner registration and validation for the appropriate courses.	
5.	Maintain a course load equivalent to full time study at VSU, or as required by my financial aid	
6	(excluding summer study). Report immediately any course changes to my academic advisor, department chairperson and the Office	
0.	for International Education.	
7	Request an OFFICIAL VSU transcript to be sent to the Office for International Education, 1 Hayden	
/.	Drive, P.O. Box 9086, Petersburg, VA 23806, upon completion of my overseas program.	
Stude	ent's Signature: Date:	
Stude	Student's Printed Name:Student's V#	

The Office for International Education has reviewed the student's request to participate in a program abroad. We verify that this is a valid academic program and recommend that the student be able to use his/her financial aid and scholarships to participate in the program. This approval is contingent upon the student's clearance by the University Registrar, Financial Aid Office, Office of Student Accounts, and Judicial Affairs. NOTE: Students will not be approved to study abroad during the semester in which they will graduate.

_____ Date: ______
Signature of Education Abroad Advisor or Director of International Education

Academic Advisor's Signature:

Advisor's Printed Name:

Department Chair's Signature:

Chair's Printed Name: