

# VIRGINIA STATE UNIVERSITY VERIFICATION OF EDUCATION ABROAD PROGRAM PARTICIPATION AND COMPLETION

Attention **Education Abroad Program Coordinator(s)/Leader(s)**: In order to assist us in documenting students' participation and completion of their program abroad, please provide the requested information below. Please return the **signed** form at the close of your program session to:  
 Dr. George H. Bennett Office for International Education, Trinkle Hall 205, P.O. Box 9086, Virginia State University, Virginia 23806  
[bennettOIE@vsu.edu](mailto:bennettOIE@vsu.edu) or FAX: 804 524-5175



Program Name: \_\_\_\_\_

Program Location (Country/Cities): \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Program Coordinator (s) \_\_\_\_\_

**Contact Information (Please supply details for person verifying attendance/completion only.)**

University/Campus Address \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

	Check ALL that apply. (√)	Check ALL that apply. (√)	Check ALL that apply. (√)	Check ALL that apply. (√)
<b>The student whose name(s) appear(s) to the right...</b>	_____ (Student Name) V#: _____	_____ (Student Name) V#: _____	_____ (Student Name) V#: _____	_____ (Student Name) V#: _____
attended and participated in ALL program activities.				
satisfactorily completed the program.				
attended and participated in part of the program.				
never attended activities.				
was dismissed from the program before its completion.				
voluntarily left the program before its completion.				

**Course(s) for which students earned credit AND number of credit hours awarded:**

Course No. \_\_\_\_\_ (Sem. Hrs. \_\_\_) Course Title: \_\_\_\_\_ GRADE \_\_\_\_\_

Course No. \_\_\_\_\_ (Sem. Hrs. \_\_\_) Course Title: \_\_\_\_\_ GRADE \_\_\_\_\_

Course No. \_\_\_\_\_ (Sem. Hrs. \_\_\_) Course Title: \_\_\_\_\_ GRADE \_\_\_\_\_

Course No. \_\_\_\_\_ (Sem. Hrs. \_\_\_) Course Title: \_\_\_\_\_ GRADE \_\_\_\_\_

**\*Please explain the circumstances under which the student either failed to attend, participate in, or complete the program. Indicate name of student being discussed. Continue on the back of this form or attach a separate sheet as needed.**

**Signature of Person Verifying Completion** \_\_\_\_\_ **Date** \_\_\_\_\_