

Program Review for Non-approved Study Abroad Programs

College of LAS Academic Approval Form



2002 Lincoln Hall
702 South Wright Street, Urbana, IL 61801
E-mail: las-studyabroad@illinois.edu
Phone: (217) 333-1705
Campus Mail: MC-446

Applicant Section

Name _____ UIN _____

Title of Proposed Study Abroad Program _____

City and Country of Proposed Program _____

Program Sponsor _____ Study Abroad Term _____

Applicant's Waiver: I have requested the person specified below to write a confidential approval and show by my signature that I waive my right of access to this approval.

Signature _____

Please submit this form for completion to your academic advisor.

Academic Advisor Section

Please complete this form and return it to LAS International Programs by email (las-studyabroad@illinois.edu) or hard copy to 2002 Lincoln Hall. The student's program review cannot be processed without your approval. We appreciate your time in filling this out.

This student is petitioning to participate in a program that is not currently approved by the College. In order to be approved, students must demonstrate, among other things, that the proposed program meets a curricular need. Please discuss this program's link to the student's academic program.

1. Does this student's major require him/her to study abroad? If not, does this department strongly recommend its majors to study abroad?

2. Does the student's proposed program or location provide a more appropriate curricular fit than alternate, approved programs the student is considering?

3. When a student elects to participate in a program not run by the U of I, it requires them to utilize a greater amount of independence, initiative, responsibility, and wisdom.

3.a. How would you describe this student in terms of independence, wisdom, maturity, and responsibility?

3.b. To your knowledge, does this student have sufficient skills in the host language to make informed decisions about their safety and general well-being?

4. Does this student have your recommendation to participate in the proposed international study program?

5. Please use this space for any additional comments regarding the academic necessity or the student's qualifications for this program.

Academic Advisor and College Information

Academic Advisor Name _____ **Department** _____

E-mail _____ **Phone** _____

Signature _____ **Date** _____

College Approval _____ **Date** _____
