AUTHORIZATION OF DEAN, ACADEMIC ADVISOR, OR STUDY ABROAD ADVISOR:

This is to certify that ________________________________________________ (name of student)
is a student in good standing at _________________________________________ (name of host institution)and is eligible to return. This student has our institutional approval to study abroad through Emory University.

*This student’s current status is: [ ] Freshman  [ ] Sophomore  [ ] Junior  [ ] Senior  [ ] Graduate Student

*The student’s current cumulative GPA at their home institution is: __________

*To your knowledge, do the undergraduate student records of this applicant contain information regarding honor or conduct offenses?  
[ ] NO  [ ] YES  If yes, please describe on a separate piece of paper.

PROGRAM PAYMENT CONFIRMATION AND AUTHORIZATION

Application Deposit Notification: Please note that the application deposit for the program is due at the time of application and will be applied towards the total cost of the program. For Semester Programs- Deposit = $300.

Please indicate the option below for the billing confirmation for this student.

[ ] OPTION 1: Have Emory bill STUDENT Directly
Student is required to submit full payment of Emory Tuition and Program Fee by the following deadlines:
For Fall/Year programs: July 15th. For Spring programs: December 15th.

[ ] OPTION 2: Have Emory bill HOME INSTITUTION for ALL fees
Home Institution is required to submit full payment of Emory Tuition and Program Fee by deadline.
*Will the Home Institution be covering the student’s deposit which is due at the time of application (for Semester Programs = $300; for Summer Programs = $350)?  
[ ] NO  [ ] YES

If yes, please note that if the student is accepted to the program, this is a non-refundable fee. In the event of cancelation, the home institution will be billed the application fee on behalf of the student (for Semester Programs = $300; for Summer Programs = $350).

[ ] OPTION 3: Have Emory bill HOME INSTITUTION for PARTIAL fees and bill STUDENT for PARTIAL fees
Please indicate below what fees will be covered by the home institution.
[ ] $300 Application Deposit (goes towards the total cost of Emory tuition)
[ ] Emory tuition (covers academic costs of program)
[ ] Program fee (covers room, partial board and visa fee)

*Is the student receiving Financial Aid that can be used towards the Emory Program?  [ ] NO  [ ] YES

SIGNATURE OF STUDY ABROAD OFFICIAL: ________________________________  Date: ________________________________
Print Name: ________________________________  Title: ________________________________
Email: __________________________________________  Phone: ________________________________

OFFICIAL TRANSCRIPT: Upon completion of the Program, Emory will send one official transcript to the home institution. Please specify the departmental / office address that should receive the transcript:

RETURN FORM TO: Center for International Programs Abroad, Emory University
550 Asbury Circle, Candler Library, Suite 200, Atlanta, GA 30322  or  cipa@emory.edu  or  Fax 404-727-6724