



Study Abroad

Office of International and Summer Programs

HOME INSTITUTION AUTHORIZATION FORM

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 take course work at 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 Summer Programs, Deposit = \$350.

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 deadline:
For Summer programs: **May 1.**

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.
For Summer programs: **May 1.**

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.
 Emory tuition (covers academic costs of program)
 Program fee (covers room, partial board, and supplemental study abroad health insurance)

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

Signature of official: _____ Date: _____

Name and Title: _____ Date: _____

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:

_____ (name of institution and department/office)

_____ (full mailing address)

Please return this form to:

Emory College Study Abroad, Office of International and Summer Programs, Emory University
550 Asbury Circle, Candler Library, Suite 200, Atlanta, GA 30322 or studyabroad@emory.edu or Fax 404-727-6724