



**Section B: To Be Completed by Student's Academic Advisor**

I have reviewed and recommend the above request. I confirm that the information provided on this form is accurate and in conformance with applicable departmental/college/university policies and an exchange agreement (if any).

I do **NOT** recommend that the above request be granted to this student for the following reason(s):

---

---

---

**Academic Advisor's Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section C: To Be Completed by an OIS Advisor**

**Approved**  **Denied** for the following reasons:

---

---

---

**Signature of OIS Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office of International Student Services* ♦ Carter, Grant, Wilson, 202 ♦ *Phone: (443)885-3130*  
♦ *Fax: (443)885-8208* ♦ *Web: /*