

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:** _____