

***I.E. Academic Programs***  
***ISTITUTO EUROPEO***

**Advisor Approval Form**

Name of Applicant: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Semester/summer session: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Current Address: \_\_\_\_\_

**This portion to be filled out by a college official or study abroad advisor:**

1. Is this student in good academic standing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please explain: \_\_\_\_\_
2. Has this student secured the necessary approval from your institution to study abroad?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If no, please explain: \_\_\_\_\_
3. Have all the courses chosen by the student been approved by your institution?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If no, which are not approved: \_\_\_\_\_
4. Will the credits earned by this student at ISTITUTO EUROPEO be accepted towards the student's degree program?  
  
\_\_\_\_\_ Yes, transfer credit will be accepted upon the successful completion of the coursework and upon having received the transcript issued at the end of the program.  
  
\_\_\_\_\_ Yes, but under the following conditions: \_\_\_\_\_  
  
\_\_\_\_\_ No, transfer credit cannot be accepted

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name(printed): \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax/email: \_\_\_\_\_  
Address: \_\_\_\_\_

**School Stamp:**

**Student Agreement**

I have read the above statement and understand the credit transfer policy of my home institution.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Once completed and signed, this form must be mailed or faxed to*

**ISTITUTO EUROPEO**  
Via del Parione, 1 (Tornabuoni)  
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