

STUDENT DISCLOSURE AND APPROVAL OF PARTICIPATION

If you are applying to multiple terms, please submit an additional Student Disclosure and Approval of Participation form.



SIT

Study
Abroad

TO BE COMPLETED BY APPLICANT:

1. Please review the following statements very carefully, check the boxes to indicate your agreement, and sign at the bottom of this section.

- I have spoken with my study abroad advisor, academic advisor, and/or dean about my plan to participate in an SIT Study Abroad program.
- I am aware of my home institution's policy on transferring credit for this study abroad program.
- I understand that I am expected to participate fully in all program lectures and activities while enrolled in SIT Study Abroad regardless of whether my home institution will be transferring credit for the program, especially as it relates to research and/or internships abroad. I understand that if I do not participate fully, I may be put on academic probation or be required to leave the program.
- I authorize World Learning/SIT and my home institution to release my educational records to each other. Credits earned at World Learning/SIT are transferable only at the discretion of the receiving school.
- I understand that my home institution has requested that SIT share any health, disciplinary, safety, and security concerns regarding my participation.
- I understand that World Learning/SIT will place a hold on the release of my transcript should I fail to complete and submit the Final Program Evaluation.

2. World Learning/ SIT should send transcript and related materials to: (This is usually your college registrar or study abroad office. Each student receives a separate grade report at his or her permanent address.)

Name _____ Title _____ School _____

Address _____ City _____ State/ Zip _____

3. Have you ever been on academic or disciplinary probation?

if yes, please explain and attach official documentation, including dates of probation and details of circumstances:

4. I certify that the information disclosed in this SIT Study Abroad application is true to the best of my knowledge.

Signature of student _____ Date _____

Name (please print) _____ Country/program _____ Term Spring Fall Summer 20_____

TO BE COMPLETED BY STUDY ABROAD PROFESSIONAL OR DEAN:

This student has applied to the SIT Study Abroad program indicated, offered by the School for International Training, a private college accredited by the New England Association of Schools and Colleges, Inc. **SIT has a rolling admissions policy, and many programs fill before the deadlines. This candidate's application cannot be reviewed until we receive this form.**

SIT will grant credit upon successful completion of the program. Please see the SIT Study Abroad catalog or website for credit distribution by course.

Does this student have institutional approval to participate on this program? Yes, Conditionally Approved, No, No Approval Needed. If you checked "No" or "Conditionally Approved," please provide details _____

I have verified the institutional address above where the transcript should be sent.

Credit Transfer (choose one)

- Transfer credit will be evaluated upon return.
Or,
- Upon program completion and receipt of the SIT transcript, credits earned will be evaluated and considered for transfer credit and/or toward the fulfillment of graduation requirements at this institution in the following manner (please complete the transfer conditions to the right):

Course/Component

Possible No. of Credits

Comments and/or Course Number

Language Study	_____	_____
Interdisciplinary Seminar (1)	_____	_____
Interdisciplinary Seminar (2)	_____	_____
Interdisciplinary Seminar (3)	_____	_____
Interdisciplinary Seminar (4)	_____	_____
Research Methods and Ethics	_____	_____
Capstone (ISP, Practicum)	_____	_____

- The Student may choose an internship in lieu of an ISP
- Credit may be granted for internships (**list of programs with internships**)

To the best of your knowledge, has this student ever been on academic or disciplinary probation? Yes No

Signature _____ Name and title _____

Name of institution _____ Department _____

Email _____ Phone _____ Fax _____

In the event of a student/program emergency, please specify the name and contact information of the most appropriate institutional contact:

Name and title Department _____

Email _____ Phone _____ Fax _____

The School for International Training will provide your institution with a transcript with letter grades and a narrative evaluation for the Independent Study Project, when applicable.

This form should be returned to the student to be submitted with the rest of the completed application. If you need to send it separately, please mail, fax, or email it to: