

CYA COLLEGE YEAR IN ATHENS

STATEMENT OF STUDY ABROAD APPROVAL/CREDIT TRANSFER -APPROVER FORM (page 1 of 3)

Please type or print using black ink.

Since each institution has its own rules governing credit transfers, it is the responsibility of the applicant to contact and give this form to the person or office authorized to approve study abroad and credit transfers, usually a study abroad advisor, but possibly a dean or registrar at her/his home college or university. Note that if a professor or academic advisor fills out the form, it would be advisable to have the study abroad advisor sign the form as well.

Student Name: _____

College/University Currently Enrolled: _____

Starting Term: Fall Semester 20____ Spring Semester 20____
Full academic year (2 semesters) 20__ - 20__

Part I

To be filled out by the person authorizing the above applicant's study abroad/transfer of credits:

The student named above is applying to CYA, an independent university-level program in Greece. This form does not request a recommendation or evaluation of the student. It is intended to help the student take the necessary steps at your institution to receive credit toward graduation for work completed at CYA, and to alert CYA to any special requirements your institution may have.

Before providing the information below, please discuss with the applicant her/his intended course of study, and be sure that s/he is aware of any special requirements your institution may have. After the form has been completed and signed, it should be submitted with the other application documents to CYA.

Conditions

1. To receive credit, the student must pass each course with a grade of _____ or better.
2. Are there any courses at CYA for which your institution will not grant credit? _____
3. CYA requires students to be enrolled in a minimum of 4 courses per semester. Some institutions require their students to be enrolled in 5 courses. What is the policy of your institution? 4 courses 5 courses
4. Are your students required to take a host language (Modern Greek) while at CYA? Yes No
 - a. If yes, can the language requirement be fulfilled with Ancient Greek or Latin? Yes No
5. Would you like a copy of the CYA notification that is sent by email to the student? Yes No

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Part II

To be filled out by the person authorizing the above applicant's study abroad/transfer of credits:

Credit Information

If your school does not accept CYA credit, you have the option to obtain credit through the CYA School of Record, Southwestern University, which will issue a transcript for your student's CYA course work. If you choose the School of Record option, the student will be billed the \$250 School of Record fee (\$50 for students at Associated Colleges of the South schools) unless you indicate that your institution should be billed.

Will the student be granted credit by your institution for work completed at CYA?

- Yes, on the basis of the CYA transcript
(with any grade/course requirements as indicated in the previous section)
- Yes, on the basis of the official transcript from the CYA School of Record, Southwestern University
 - Please bill the student for the School of Record fee
 - Please bill my institution directly
- No (please explain) _____

Person Authorizing Study Abroad//Transfer of Credits

Name: _____ Title: _____

Office//Department _____

Mailing Address: _____

Office Phone: _____ E-mail: _____

I, the undersigned, certify that I have the authority to approve and guarantee credit under the conditions outlined above.

Signature: _____ Date: _____

Primary College/University Point of Contact (study abroad advisor for student, etc.)

This contact will receive CYA emails related to the student. (If there is more than one primary contact, please list below.)

Same Information as Above

Name: _____ Title: _____

Office/Department: _____

Mailing Address: _____

Office Phone: _____ Email: _____

Student Name: _____

SEMESTER/YEAR

Send transcript from CYA (or the School of Record) to:

Same address as: Person Authorizing Study Abroad Primary Point of Contact
Name: _____ Title: _____
Office/Department: _____
Mailing Address: _____

College/University Emergency Contact:

Name: _____ Title: _____
Office/Department: _____
Email Address: _____
Emergency Phone Number During Office Hours: _____
Emergency Phone Number After Office Hours (if applicable): _____

Additional College/University Emergency Contact (ex. campus police, study abroad director, etc.):

Name: _____ Title: _____
Office/Department: _____
Email Address: _____
Emergency Phone Number During Office Hours: _____
Emergency Phone Number After Office Hours: _____

Any other information you can provide about the best steps we should take in terms of communication during an emergency?

