

**To The Study Abroad Advisor:**

This student has made an application to the TEAN Full Ride Scholarship for either Summer or Fall 2017. If the student is selected as the scholarship recipient, this student is expected to apply to the TEAN program and enroll in a full academic program. We would appreciate a confidential statement evaluating the student. Please complete and forward this form as quickly as possible. Completed forms can be faxed, emailed or mailed to The Education Abroad Network, or returned to the student in a sealed envelope. The TEAN Full Ride Scholarship deadline is March 1, 2017.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Address to Send Transcripts at Conclusion of Program:**

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Details for Study Abroad or International Programs Office:**

Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Is this student in good academic standing?**  Yes  No

If no, please explain: \_\_\_\_\_

**Has your institution approved this student to study abroad?**

Yes

No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Will your institution accept the student's credits from this program and apply them toward his/her degree?**

Yes

Yes, provided that the student passes each course with a grade of \_\_\_\_\_ or better.

Yes, on the following condition: \_\_\_\_\_

No

**Is this student under disciplinary probation or investigation?**

Yes

No

I do not have access to that information.

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Please provide any comments, including any reservations, about this student. If you use additional pages, please sign both this form and the supplemental page(s).**

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\_\_\_\_\_  
(Advisor's Signature)

\_\_\_\_\_  
(Date)